Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922257	A. BUILDING: _____ B. WING _____	12/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA GARDENS ALF	701 WEST 9TH STREET RIVIERA BEACH, FL 33404

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Complaint (#2021016946) and Generator Monitoring survey were conducted at Victoria Gardens ALF on and concluded on . The facility had deficiencies identified related to the Complaint and Generator Monitoring at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:	A 025		

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A 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure appropriate supervision was provided during dining for 1 of 1 residents reviewed who required supervision during meals, specifically Resident #1. As evidenced by facility care staff (Staff A and Staff B) failing to identify Resident #1 was experiencing a choking episode which subsequently led to his . . . . . The findings included: At the time of survey on at 9:30 AM, 3 staff and were present on site, and the	A 025		

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A 025	Continued From page 2 Administrator arrived at the facility at 9:45 AM. There were 16 residents residing at the facility at the time of the survey. Resident #1 was admitted to the facility on with diagnoses which included and . Per Resident #1's Health Assessment (AHCA Form 1823), dated , Resident #1 required supervision with eating. Review of a Progress Note dated , by Resident #1's Primary Care provider documents, " Precautions." This precaution was not brought forward into Resident #1's Health Assessment at the time of his admission. Per the facility's Progress Notes dated , "Resident #1 was sitting at dining table having dinner Caregiver Staff A noticed that resident wasn't eating she approached him and asked him why you're not eating he then started to shake and then stopped breathing. Caregiver Staff B notified 911; 911 instructed Caregiver Staff B to lay resident on the floor with his propped on a pillow and began , Caregiver Staff A called Administrator and asked her to turn because something is going on with Resident #1. Administrator arrived minutes later, when I walked in Caregiver Staff B was giving resident , , Administrator took over while Caregiver Staff B completed the call with 911. When Paramedic arrived they took over , . Resident was transported to (local hospital) for eval and treat, daughter (daughter's name) and LTC [Long Term Care Insurance Provider's name] was made aware." Review of a facility Progress Note dated	A 025		

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A 025	Continued From page 3 documented: "Administrator was informed by daughter [Daughter #1] the Resident was transported to (local hospital) and per hospital staff resident had a piece of chicken stuck in his . . . . Administrator informed his daughter that he was not served chicken for dinner, hot dog on a . . . was served for dinner and that he showed no signs of choking he started to shake and then stopped breathing." Per review of the Department of Children and Families (DCF) Investigation Report regarding this event, it is documented that per interview with Caregiver Staff A, she had stated Resident #1 was seated at the dining room table eating when she stepped away to attend to another resident. When she returned . . . to Resident #1, he was shaking and then stopped breathing. It was reported that Resident #1 was not coughing and there was no sign that the resident was choking. It is also documented by DCF that during interview with Caregiver Staff B, Caregiver Staff B stated that Caregiver Staff A had asked Resident #1 why he wasn't eating and the resident did not respond. The Resident had tears running down his . . . , but Resident #1 "cries a lot", so it was hard to differentiate what was going on. In an interview conducted by DCF with Resident #1's daughter [Daughter #2], the daughter stated that her father, Resident #1, was not able to feed himself and needs assistance with meals and to cut up his food into small pieces. On at 10:01 AM, during an interview conducted with the Administrator, she stated, "On the day of the incident, Resident #1 was sitting at the dining room table having dinner. I had just left the facility and within 5 minutes I get a call asking	A 025		

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A 025	Continued From page 4	A 025		

me to turn . . . , something is going on with Resident #1. When I get to the facility, Caregiver Staff B was on the floor doing . . I took over for her. When 911 arrived, they take over the . . . I go and get paperwork ready, and the EMT transported Resident#1 to the hospital. I called the daughter to let her know what had happened. Later that night, the daughter called me and said he had a piece of chicken stuck in his . I told her that we had not served the resident chicken because the resident did not like chicken. I was told by the daughter that he was still alive and on a . . . . . I heard later from (another daughter) that the resident had , . . , . I had no further conversation with the daughters.

It was reported by the Administrator that during the meal, the Resident was being supervised by Caregiver Staff A and Caregiver Staff B. They reported that the resident was sitting at the dining room table eating dinner (hot dog, baked beans, and coleslaw). Staff stated that they noticed that he started shaking and crying, then he suddenly stopped breathing. Caregiver Staff A swept his to see if there was anything in it. According to staff, he showed no signs of choking. He had no coughing or grabbing at his . During the meal, all staff were in the dining room, as that is the rule of this facility. Staff have to be in dining room when residents are eating.

The Administrator acknowledged that neither she nor staff believed the resident was choking as he had not shown any "signs" of choking. She and Caregiver Staff A and Caregiver Staff B were unaware of the possibility that someone could be choking without displaying signs of choking such as coughing and grabbing at their . . . At the time they were witnessing Resident #1 sitting at

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A 025	Continued From page 5 the dining room table shaking, unable to speak, with tears running down his , and then stopped breathing. Staff did not think to perform the Heimlich Maneuver, in the event that choking was a possibility since he was seated at the dining room table during a meal, which could have dislodged any food lodged in the resident's airway. Also, no one had begun to initiate prior to calling 911, even though Resident #1 had stopped breathing. It was not until they were instructed by 911 that they began to initiate . . The staff holding the certification, Caregiver Staff A, was not the one who had started doing . Caregiver Staff B, who was not certified at the time, was the one who initiated . after 911 was called. Resident #1 on . The certificate documented the cause of . . as Delayed Food Bolus Asphyxia. Food Bolus Asphyxia is sudden . . . . occurring during a meal due to accidental blockage of the airway by food. According to the investigation report of this incident by DCF, (Daughter #2) reported that she had been informed by the hospital that Resident #1 had choked on "chicken" which was lodged in his airway which blocked the . . . to his . . , which caused his to swell. After this incident which resulted in the of Resident #1, the facility failed to educate staff, or put additional measures into place, to ensure staff are able to identify future incidents where a resident may be choking during a meal and what steps to take in such an emergency situation. Class III	A 025		

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A 200	Continued From page 6	A 200		
A 200	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for	A 200		

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monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.
2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.
3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.
a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.
b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's

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residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.
c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.
(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.
1. Facilities must store minimum amounts of fuel onsite as follows:
a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.
b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.
2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.

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A 200	Continued From page 9 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's	A 200		

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physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.
(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.
(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.
(4) IMPLEMENTATION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than [illegible], have implemented the plan required under this rule.
(b) The Agency shall allow an extension up to [illegible] to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports

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A 200	Continued From page 11 that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that	A 200		

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A 200	Continued From page 12 require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's	A 200		

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A 200	Continued From page 13	A 200		

physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.
(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.
(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.
(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.
(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.
(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.
(8) NOTIFICATION.
(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922257	A. BUILDING: _____ B. WING _____	12/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA GARDENS ALF	701 WEST 9TH STREET RIVIERA BEACH, FL 33404

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A 200	Continued From page 14 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit for review and approval to the local County Emergency Management Agency their Emergency Environmental Control Plan (EECP) to serve as a supplement it its Comprehensive Emergency Management Plan (CEMP). The findings included: As part of an inquiry sent via email to the Local County's Division of Emergency Management Agency on regarding this facility's CEMP's approval, it was reported by the Senior Planner of the Local County's Division of Emergency Management, via an email response received on at 2:59 PM, that this facility "does NOT" have an EECP approval. Their last rejection notice was provided to the facility on . The facility has not addressed the corrections/revisions required and currently do	A 200		

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A 200	Continued From page 15 not have an approved EECP from the County. Class III	A 200		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for	CZ830		

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CZ830	Continued From page 16	CZ830		

overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of

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CZ830	Continued From page 17 licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit for review and approval to the local Emergency Management Agency their Comprehensive Emergency Management Plan (CEMP) on an annual basis as required by State and Local regulations. The findings included: As part of the Generator Monitoring survey conducted on . . . . . , a copy of the facility's CEMP approval letter was requested. An email was sent to the Administrator on . . . . . reminding the Administrator to please email a copy of the CEMP approval letter to this surveyor as soon as possible. This request received no response from the Administrator. On . . . . . , another email was sent to the Administrator requesting a copy of the CEMP approval be emailed as soon as possible. This second request also received no response from the Administrator. On , an email was sent to the Senior Planner of the Local County's Division of Emergency Management requesting information on this facility's CEMP approval status. The Senior Planner's email response on at	CZ830		

Agency for Health Care Administration

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CZ830	Continued From page 18 2:59 PM stated: (The facility's) last CEMP approval was and this approval expired on . . . . . The Senior Planner further stated in the email dated at 2:59 PM, the facility has failed to resubmit a CEMP for annual approval as of this date. The facility does not have an approved current CEMP and has not made any attempt to submit a CEMP to the county for annual approval as required. Class III	CZ830		