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
	AL11970028	A. BUILDING: _____ B. WING _____	01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KARING HEARTS LLC	806 S MANGONIA CIR WEST PALM BEACH, FL 33401

(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 announced Initial Assisted Living Facility Licensure survey (for capacity of 6 residents) and Generator Monitoring survey was conducted on . . . . . at Karing Hearts, Llc. The facility had deficiencies identified related to the Initial Licensure at the time of the survey.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and .	A 083		
	(5) FIRST AID AND . . . . . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that a staff member who had completed course in First Aid and . . . . . ( ) and holds a currently valid card documenting			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 083	Continued From page 1 completion of such course must be in the facility at all times for 2 out 2 (Staff A and Staff B) sampled staff records reviewed. Findings Included: On . . . . . at 10:15 AM, observed Staff A(Owner/Caregiver) and Staff B (Caregiver) are listed on the facility's staffing schedule. A review of Staff A's personnel record showed a hired date of . . . . . Further record review showed Staff A had no record of a completed First Aid training. A review of Staff B's personnel record showed a hired date of . . . . . Further record review showed Staff B had no record of a completed . training. In an interview with the Owner Administrator on at 10:30 AM, she stated she will have Staff A and Staff B complete the . and First Aid training. She further stated that both will be working in the facility alone at time. Class III	A 083		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents	A 152		

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A 152	Continued From page 2 must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible] This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure that the facility's bathrooms were free from hazards for 2 out of 2 bathrooms and maintained in a safe manner and accessible for usage for all residents. As evidenced of bathroom #1 and bathroom #2 being unable to be utilized for bathing and tolieting care. The findings include:	A 152		

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A 152	Continued From page 3 During a tour of the facility on at 2:17 PM, with the Staff A (Owner), it was observed the facility has 2 bathrooms (bathroom # 1 and bathroom # 2). a) Bathroom #1: Observation of bathroom # 1 located on the south side of the facility in bedroom # 1 (master bedroom) revealed the following. Throughout the bathroom, it was noted that glass panel mirrors line all walls secured only with glue. It was noted that the bathroom has a soaking tub upon entry, the soaking tub is in the center of the bathroom. The tub only allows entrance from the front. Further observation revealed the soaking tub has no grab bars to assist the resident to safely enter and exit the soaking tub. In addition, there is a high slippery step to climb into the high soaking tub, it is not able to accommodate a shower chairs, and does not allow for staff to provide personal care in a safe manner. Immediately to the left of the soaking tub is a walk-in shower. The walk-in shower, is noted to have a narrow glass doorway which makes it difficult to enter/exit, does not have a grab bar to assist the resident with limited mobility as they step down into the shower stall and that the person enter/exiting the shower has to turn side ways. Further observations revealed that staff cannot safely provide personal care to the resident as it cannot accommodate a shower chair, staff and a resident at the same time. Immediately to the right of the soaking tub is an enclosed small area with a door, that houses the toilet. Observations of the toliet area revealed it cannot accommodate a staff who has to assist a resident on and off the toilet, and no grab bars for	A 152		

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A 152	Continued From page 4 the resident to safely use the toilet. It is also noted that the area is extremely small and difficult for the resident to close the door for privacy without hitting their on the door. At this time, Staff A was interviewed and confirmed the observations. She further agreed that the bathroom posed a hazard risk. b) Bathroom#2: Observation of bathroom # 2, which is in the North side of the facility between bedrooms # 2 and # 3 (located in the hallway), revealed the following. Observations of the bathtub/shower revealed that the tub is extremely high, making it difficult for a resident to enter/exit. Further observations revealed this bathtub offers limited mobility due to the glass shower door that extends the entire length of the tub ; only allowing a small entrance/exit area on right side. The left side of the tub is blocked by the toliet and does not allow entrance/exit into the tub/shower. Further observation revealed the tub is narrow and cannot accommodate a shower chair for the residents, and there is no space for the staff to safely provide personal care to the residents. During a interview with Staff A on at 2:45 PM, she agreed that the bathroom was not accessible, safe or suitable for resident care and usage. She further agreed that the bathroom posed a hazard risk. During an interview on at 2:45 PM with Staff A, she acknowledged that bathrooms # 1 and # 2 are not safe for the residents and staff to use. She stated that both bathrooms need to be remodeled to accomodate for proper resident care. Class III	A 152		

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CZ841	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a	CZ841		

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CZ841	Continued From page 6	CZ841		

resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care.
(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:
1. End-of-life situations.
2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support.
3. The resident, client, or patient is making one or more major medical decisions.
4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently .
5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident, client, or patient who used to talk and interact with others is seldom speaking.
7. For hospitals, childbirth, including labor and delivery.
8. patients.
(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.
(e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.
(f) Within 24 hours after establishing the policies

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CZ841	Continued From page 7 and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure their Visitation Policy met the regulatory guidelines by including all the required components of the regulation. The Findings Include: On at 2:47PM, the facility's Visitation Policy was requested and reviewed. Upon review of the policy, Staff A (Owner) was advised that the Visitation Policy provided did not address all State Requirements regarding visitation guidelines established on . Further review of the policy revealed the following element was missing. a) The policy failed to address required regulatory guideline of: The resident, client, or patient is making one or more major medical decisions. CLASS III	CZ841		