

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911749	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/06/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRESERVE AT PALM AIRE (THE)

**3701 W MCNAB ROAD
POMPANO BEACH, FL 33069**

(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 (#2022018650) survey and Resident Space Conversion survey were conducted on _____ at The Preserve at Palm Aire. The facility had a deficiency identified related to the Conversion of Resident Space during the survey.	A 000		
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 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 _____ 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.	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER PRESERVE AT PALM AIRE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3701 W MCNAB ROAD POMPANO BEACH, FL 33069		
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A 152	Continued From page 1 (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 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment by not ensuring that its electrical and architectural systems were properly installed and maintained for the conversion of Assisted Living space for use by the residents. The findings included: In an interview conducted with the Administrator on _____ at 10:00 AM, she stated that it was the facility's intent to use the space located on the second floor, in northeast wing of the facility, for Assisted Living services. She stated that the facility allocated _____, 250, 251, 252, 254, 256 and 258 as single and double bedrooms and units/ _____ for dining and activity areas for Assisted Living residents. She stated that the facility prepared these units/rooms for resident occupancy and Assisted Living use from an area that was previously used by Independent Living residents. She stated that since the facility was co-located with an Independent Living facility and it also had several other Assisted Living bedrooms which could be reduced from double to single occupancy, the facility was able to convert this previously unused Independent Living space for Assisted Living use. She stated that due to this flexibility of the facility's overall space, this	A 152			

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A 152	Continued From page 2 recently converted Assisted Living area may be achieved without the facility requiring an increase in its licensed bed capacity. She stated that the remaining 15 units/rooms within this 2nd floor northeast wing will not be immediately used at any capacity by the facility. Review of the facility's "Level 2" floor plan indicated that the northeast wing contained a total of 26 units/rooms of which 11 units/rooms were converted for Assisted Living resident use. (Photographic evidence was obtained). In an observation conducted on _____ at 12:10 PM, it was noted that all the converted Assisted Living resident rooms had their washing machine water valve outlets exposed in the closets next to their kitchens. In an observation conducted at this time, _____ had their cable television devices mounted on the walls hanging by their connecting wires. In an observation conducted at this time, these devices were not secured flush onto the walls and left the walls exposed with holes with the routed wires coming out of the walls. In an observation conducted at this time, units 226 and 248 were adjacent to each other and it was noted that the partition wall between these 2 converted units was removed and electrical outputs were adapted to mount lights throughout the ceiling of this renovated resident area. (Photographic evidence was obtained). In an interview conducted with the Maintenance Director on _____ at 12:20 PM, he stated that he was aware that the converted resident rooms had their water valves exposed within their pantry closets and this may pose a risk for water damage within each unit. He stated that these water utility boxes needed to be capped to	A 152		

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A 152	Continued From page 3 prevent the water valves from being opened inadvertently by anyone. He stated that he was not aware that any of the interior construction work performed of this renovated Assisted Living space required permits from the municipality's building division. He stated that he knew that no building permits were applied or issued for any of the interior construction and renovation work performed by the facility. Review of the municipality's associate building official's email dated on _____, he indicated that the facility was required to apply and secure permitting for any construction work that required the alteration, replacement or addition of its electrical systems within the facility. (Photographic evidence was obtained). Class III	A 152		