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
	AL11967918	A. BUILDING: _____ B. WING _____	03/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AWAY FROM HOME	324 LYMAN PL WEST PALM BEACH, FL 33409

(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 A unannounced Relicensure and Generator Monitoring survey was conducted on [redacted] at Home Away From Home. The facility had deficiencies identified related to the Relicensure 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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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) Monitoring of the quantity and quality of	A 025		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 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 observation, interview and record review, it was determined that the facility failed to ensure each resident's record was updated with significant changes and/or changes in a resident's condition, for 2 out of 5 sampled resident records reviewed (Resident Resident #2 and #5). The findings included: During observations of Resident #5 at 9:30 AM on while in the facility, it was noted that the resident was extremely frail looking and thin. During an interview with Resident #5 at 9:35 AM	A 025		

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A 025	Continued From page 2 on [redacted], she stated she was "ok but not eating"; and that her Case Manager was taking her to the doctor because she was not eating. The resident was asked,"why she was not eating", she stated I don't know why just not hungry. During an interview with Staff A, at approximately 10 AM on [redacted], he stated that the resident recently had a loss of appetite and was not eating well, he confirmed her medical [redacted] for that day. He further stated, that the facility was giving her supplemental drinks to assist with her appetite. Upon review of Resident #5's record, it was noted that no documentation was noted under her progress notes/observation notes regarding this signficant change. Further review revealed the last [redacted] taken for the resident was [redacted] noted as [redacted]. During observations of Resident #2 on [redacted] from 9 AM through 1 PM, it was noted that the resident constantly complained about a skin injury located on right lower abdomen to the right lower [redacted]. The resident constantly exposed that area to the surveyors complaining of itching and [redacted]. Upon resident touching the area, it was extremly dry and flakey. During an interview with Staff A on [redacted] at 10 AM, he stated the resident had been in the hospital but could not remember why and stated he would contact the Administrator. At about 10:30 AM, Staff A provided the surveyor with a hospital discharge notice that documented the resident had [redacted] and was prescribed an oral [redacted] and [redacted] cream for a specified number of days in [redacted]. According to Staff A, the Case Manager team was providing assistance to Resident #2 with this medication; including the [redacted] cream application. However, during interview the resident went and retrieved	A 025		

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A 025	Continued From page 3 the medication from his room and presented it to the surveyors and Staff A. Resident #2 also indicated that he still uses the cream and receives assistance from Resident #3 to apply on his . However, Staff A stated this was not correct. Upon review of Resident #2's record, it was noted that no documentation was noted under his progress notes/observation notes regarding this signficant change. Further review failed to document the current new diagnosis and how the facility implement control standards. During an interview with the Administrator at 1 PM on , the signficant changes identified regarding Resident #2 and #5 were discussed. She confirmed that she had not updated the records and stated she was not aware of Resident #2's condition until she had received the hospital discharge papers today. Class III	A 025		
A 080	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning	A 080		

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A 080	Continued From page 4 objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting . . . . . , neglect, and . . . . . . (c) Special needs of elderly persons, persons with mental illness, and persons with . . . . . and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with 's and related . . . . . . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the	A 080		

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A 080	Continued From page 5 competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , , , and managers who attended the core training program prior to , , , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure the Administrator participated in 12 hours of continuing education in topics related to assisted living every 2 years, for 1 of 2 sampled personnel records reviewed, the Administrator.	A 080		

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A 080	Continued From page 6 The findings included: On a record review was conducted of the personnel record for the Administrator revealed a date of hire of . The Administrator completed the 26 hours of Core Training on and completed the exam on . Further review of the Administrator's personnel record revealed the only continuing education hours included 1 hour of control training dated , 1 hour of elopement response training dated , 1 hour of incident reporting training dated , 1 hour of resident rights and recognizing/reporting /neglect training dated , 1 hour nutritional & safe food handling dated , 2 hours of / training dated , 1 hour of P&P training dated for a total of 7 hours of continuing education available for review in the personnel record. The Administrator was unable to provide any documentation indicating conintinuing education within the last two years. During an interview with the Administrator on at 1:20 PM, the Administrator acknowledged the findings, and no additional information was provided. Class III	A 080		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee	A 081		

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A 081	Continued From page 7 who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice	A 081		

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A 081	Continued From page 8 orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when	A 081		

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A 081	Continued From page 9 offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on employee record review and interview the facility failed to ensure 1 of 2 sampled staff employee records reviewed received the required in-service training within 30 days of hire for Staff A. The findings include: On a review of the employee record	A 081		

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A 081	Continued From page 10 for Staff A revealed a hire date of . . . . . . Further review revealed no evidence of the elopment response training, reporting major incidents reporting adverse incidents.Facility emergency procedures, incident reporting training, resident rights and recognizing/reporting . . . . ./neglect training. On . . . . . at 1:20 PM, the Administrator acknowledged and confirmed the findings and no further documentation or information was provided. Class III	A 081		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of	A 084		

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A 084	Continued From page 11 side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for . . . . control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and . , . . . , ... , ... and . . . . . dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist	A 084		

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A 084	Continued From page 12 and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in	A 084		

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A 084	Continued From page 13 sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 2 out of 2 current unlicensed staff members (Staff A, Administrator) whose job descriptions included to assist residents with their medications, were current with their medication management training. The Findings Include: On a record review was conducted of the personnel record for the Administrator revealed a date of hire of . There is no eveidence of the 2 hour annual medication training and updates in the personnel record. A review was conducted of the personnel record for Staff A revealed a hire date of , the personnel record revealed a 2 hour medication training dated only, no other eveidence of medication training was observed in the staff personnel record. During an interview with the Administrator on . . . . . , the Administrator acknowledged the findings, that Staff A and the admininstrator did not have an up to date medication training the their personnel, and no additional information was	A 084		

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(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 084	Continued From page 14 provided. Class III	A 084		
A 090	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to have documented evidence to indicate 1 of 4 sampled staff received at least one hour of training in the facility's policy and procedures regarding ( ) that included information in Rule 59A-36.009, F.A.C. (Staff A). Findings: A Review of Staff A's personnel record revealed a hire date of . The record did not contain documentation to indicate that Staff A received training on the facility's policy and procedures regarding .	A 090		

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	AL11967918	A. BUILDING: _____ B. WING _____	03/01/2023

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A 090	Continued From page 15 On at 1:20 PM., the Administrator acknowledged and confirmed the findings and no further documentation or information was provided. Class III	A 090		
AL240	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a Limited Mental Health license before admitting mental health residents for 5 out of 5 (Resident #1, #2, #3, #4, #5) sampled residents's records reviewed. Findings Include:	AL240		

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AL240	Continued From page 16 On [redacted] resident record review was conducted for Resident;s #1, #2, #3, #4, and #5, their health assessment indicated the residents had diagnosis with Major [redacted] (MDD), unspecified [redacted] and [redacted]. Further review of Resident #1, #2, #3, #4, and #5's facility records revealed that each resident has an active Case Manager and provide services. During an interview with the Adminsitrator on [redacted] at 1 PM, she confirmed that all residents suffer from a mental health diagnosis, have a Case Manager under a Third Party Provider. Further interview with the Administrator revealed the facility had not obtained an LMH license and was not aware that they required one. Review of the Agency records revealed the facility has a standard Assisted Living Facility license with no specialiaty component. Class III	AL240		
CZ841	408.823( ) FS In-person Visitation (1) This section applies to [redacted] 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 [redacted] 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	CZ841		

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CZ841	Continued From page 17 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 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.	CZ841		

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CZ841	Continued From page 18 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 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 review of facility records and interview, the facility failed to establish visitation policies and procedures as outlined in 408.823 ( ) FS Findings: On at 11:00 AM., a request was made by the surveyor to Staff A to provide the facility's	CZ841		

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CZ841	Continued From page 19 visitation policies and procedures. On . . . . . at 1:00 PM, a request was made by the surveyor to the Administrator to provide the facility's visitation policies and procedures. Review of the facility records that were provided revealed none were of a visitation policy that contained . . . . control and education policies for visitors; personal protective equipment, and other . . . . control protocols for visitors; permissible length of visits and designation of a person responsible for ensuring that staff adhere to the policies and procedures and indicate the allowance of in-person visitation in all of the following circumstances: 1. End-of-life situations. 2. A resident 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 is making one or more major medical decisions. 4. A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently . . . 5. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident who used to talk and interact with others is seldom speaking. On at 1:05 P.M., a visitation policy was never provided. Class	CZ841		