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
	AL11968395	A. BUILDING: _____ B. WING _____	04/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVON MANOR	4531 SW 34TH DRIVE FORT LAUDERDALE, FL 33312

(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 Relicensure and Generator Monitoring survey was conducted on [redacted] at Avon Manor. 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 record review and interview, the facility failed to maintain a written record, updated as needed, of changes in the method of medication administration, or other changes that resulted in the provision of additional services for 1 of 2 sampled residents reviewed for medication administration, Resident #2. The findings included: During an interview conducted with Resident #2 on at 9:38 AM, she stated that she has been at the facility since . She stated that she is dependent and that she has not	A 025		

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A 025	Continued From page 2 been given [illegible], had her [illegible] or [illegible], checked by facility staff or any other 3rd party. Resident #2 did not express during the interview that she was refusing any medications or services. Review of Resident # 2's Resident Health Assessment Form (AHCA Form 1823) dated [illegible] revealed she was admitted to the facility on with a Diagnosis of Type II [illegible] and [illegible]. Resident #2 is documented as being awake, alert and oriented x 3 with no [illegible]. Further review of Resident # 2's AHCA Form 1823 revealed documentation under Nursing Treatment: Daily Care; Daily ; Daily Assessment. Further review of the AHCA Form 1823 dated revealed she was ordered one 4 units [illegible] (SC) to be administered daily and another 10 units SC to be administered 3 times daily. Further, Resident #2 was ordered a diet and requires assistance with the self-administration of medications. Further, review of the Medication Observation Record did not reflect any documentation of the 2 injections nor daily [illegible] or any [illegible] checks. On [illegible] at 11:02 AM, in an interview conducted with the Administrator, he stated that Resident #2 had not been getting any or level monitoring, and no daily [illegible] checks because Resident # 2 would not allow anyone to check her sugar levels or [illegible]. The Administrator stated that he informed the Advanced Registered Nurse Practitioner (ARNP) of that issue. However, there was no documentation in the chart to reflect that	A 025		

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A 025	Continued From page 3 the Physician or ARNP was notified. Further review of Resident #2's AHCA 1823 form documented under Resident Needs, states ' Injection as needed; Home Health Agency'. The Administrator stated that he attempted to get a 3rd party to come in to care for Resident # 2. The Administrator stated that the Insurance Company would not pay for the service of attending to Resident #2. The Administrator stated that he contacted the Physician to inform him that Resident #2 had refused to allow the facility to check her levels and . Further the Administrator did not provide any documentation to verify that he had contacted the doctor to advise that Resident #2 had not been receiving the 2 medications. On at 3:15 PM, the Administrator did not provide any documentation that Resident #2 had refused to allow the facility to administer the , monitor her levels or , . He did not provide any documentation to show that he had contacted the Physician or the ARNP. Class III	A 025		
A 086	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with	A 086		

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A 086	Continued From page 4	A 086		

residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas:
1. Understanding 's and related ;
2. Characteristics of ;
3. Communicating with residents with 's ;
4. Family issues;
5. Resident environment; and,
6. Ethical issues.
(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training.
(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these :

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A 086	Continued From page 5 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an	A 086		

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A 086	Continued From page 6 educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 out of 2 sampled staff, Staff A, who have regular contact and or provide direct care to residents with 's and Related (ADRD) had 4 hours of initial Level I ADRD training within 3 months of hire and the additional 4 hours of Level II ADRD continued training within 9 months of hire. The findings included: On at 1:45 PM, a review of the employee record for Staff A, who has a hire date of and provided direct care to residents, revealed that she did not have the required 4 hours of Levels I and Level II ADRD training. On at 2:30 PM, during an interview	A 086		

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A 086	Continued From page 7 conducted with the Administrator, he confirmed that the proof of Staff A's training was not in her file. On /202 at 3:15 PM, during the exit conference with the Administrator, he again confirmed that the proof of Staff A's 4 hours of training in Level I and Level II in ADRD was not in her file and that there was no documentation that Staff A had received the training. Class III	A 086		