

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969843	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/21/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JUBILEE ASSISTED LIVING II LLC

**16791 REDWOOD WAY
WESTON, FL 33326**

(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, Complaint (#2022010343 and #2023002653) and Generator Monitoring survey commenced on _____ and concluded on _____ at Jubilee Assisted Living, II, LLC. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 007	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least _____ 2. Be free from signs and symptoms of any communicable _____ that is likely to be transmitted to other residents or staff. An individual who has _____ () _____ may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written	A 007		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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A 007	Continued From page 1 informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any _____ or 4, _____ A resident requiring care of a _____, may be admitted provided that: a. The resident either: (i) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (ii) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. If the resident's condition fails to improve within 30 days as documented by a health care practitioner, the resident must be discharged from the facility. 11. Residents admitted to standard, limited	A 007		

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A 007	Continued From page 2 nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with _____; c. Monitoring of _____ gases; d. Management of post-surgical drainage tubes and _____ vacuum devices; e. The administration of _____ products in the facility; or f. Treatment of surgical _____ or _____ unless the surgical _____ or _____ and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. _____ and _____ performed in the facility; b. _____ performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services	A 007		

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A 007	Continued From page 3 the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable _____ or assistance with routine _____ care of _____ site _____ placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from _____ with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Notwithstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 007			

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A 007	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that resident admission criteria were followed for a facility holding a Standard License and to provide appropriate care. As evidenced by the facility failure to appropriately admit a resident for 1 of 1 sampled residents, (Resident #4) who requires all medications, nutrition and hydration via a _____ () tube and requires total care with activities of daily living. The findings included: Review of Resident #4's medical record indicated that the resident was admitted to the facility on _____ with medical diagnosis' including _____ and _____. The resident sustained a left sided _____ while visiting family outside the facility and was admitted to the hospital for evaluation. The resident returned to the facility with a _____ for nutritional, hydration and medication administration and a _____. Resident #4 was admitted to Hospice services. In an interview conducted with facility Home Health Aide (HHA) Staff #A on _____ at approximately 11:35 AM, she stated that Resident #4 required total care for all activities of daily living and required _____ for nutrition and required all medications via the _____. HHA Staff #A was asked who provided Resident #4 with the required nutrition and medications, she stated that she and other staff provided them. She stated that she was a Home Health Aide and	A 007			

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A 007	Continued From page 5 Hospice had instructed her on use of the . . . In an interview conducted with facility HHA Staff #B on . . . at approximately 11:40 AM, she stated that Resident #4 required total care for all activities of daily living and required . . . for nutrition and required all medications via the When she was asked who provided the Resident #4 with the required nutrition and medications, she stated that she and Staff #A provided them. She stated that she was a trained Home Health Aide and had been instructed on . . . feedings. In an interview conducted with the hospice nurse on . . . at approximately 12:15 PM, he stated that Resident #4 was not able to take any food/medication by . . . and she had a . . . for nutritional support and medication administration. The nurse stated that he visits the resident once a week and performs an overall assessment, monitors vital signs, and orders any necessary supplies. He stated that he was not involved with providing medications or nutrition via the . . . He stated that he changed the . . . around the . . . weekly. He stated that the facility staff had been "trained" to provide Resident #4 her ordered nutritional supplements and medications via the . . . He stated that the facility staff shared their observations of Resident #4 with him, such as the functioning of the Resident #4 was observed in her hospital bed on . . . at approximately 1:30 PM. The resident was receiving . . . via a . . . and had a . . . and . . . in place. Resident #4 was unable to communicate her needs verbally and required total staff assistance for repositioning in her bed. In an interview with HHA Staff #A she stated that	A 007		

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A 007	Continued From page 6 she would be providing the ordered nutritional supplement via the _____ since the resident has difficulty swallowing. In an observation conducted at 1:35 PM on _____, HHA Staff #A repositioned Resident #4 in bed, raised the _____ of the bed and proceeded to administer the ordered nutritional supplement and water flushes via the _____ to Resident #4. In an interview conducted with the Administrator on _____ at approximately 12:30 PM, she stated that the facility staff are providing Resident #4 with nutritional supplements and medications via the _____. She stated that the facility staff are not licensed nurses, but they had been instructed by the Hospice on the use of the _____. The Administrator stated that the Hospice provider had posted instructions for the _____ use on Resident #4's bedroom wall. (Photographic evidence obtained). The Administrator stated that she was unaware that a resident with a _____ was not an appropriate admission under a Standard facility license. The Administrator stated she was unaware that the Hospice provider cannot delegate nursing services to unlicensed facility staff. Class II	A 007		
A 053	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label.	A 053		

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A 053	Continued From page 7 (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including _____ testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide, according to acceptable medical standards of practice, a licensed nurse to administer medications and nutritional supplements via a _____ () tube to 1 of 1	A 053			

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A 053	Continued From page 8 sampled residents, (Resident #4) who required total care for activities of daily living, (ADL). This task is a nursing skill that requires specific knowledge of the human body for proper positioning of the resident and establishment of placement to ensure the tube has not dislodged or clogged. Residual of contents must be checked to determine if feeding was digested. Administering a feeding without this procedure performed first will result in coughing and choking, leading to into the , which could result in , and perhaps . With regard to medications, after crushing permissible tablet forms and diluting with water, patency must be determined prior to and after administering medication. This is done by flushing with a specific amount of water, usually 30 cc's. The flush after the medications are administered, is to allow the medications to flow into the , to prevent the medications from sitting in the . This is a licensed nursing skill that can become a potentially dangerous situation if performed by one who lacks knowledge and is not trained properly. The findings included: Review of Resident #4's medical record indicated that the resident was admitted to the facility on with medical diagnosis' including and . The resident sustained a left sided while visiting family outside the facility. Resident #4 was admitted to the hospital for evaluation and then returned to the facility with a for nutritional, hydration and medication administration in addition to having a . Resident #4 was also admitted	A 053			

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A 053	Continued From page 9 to Hospice services. In an interview conducted with facility Home Health Aide (HHA) Staff #A on _____ at approximately 11:35 AM, she stated that Resident #4 required total care for all activities of daily living and required _____ for nutrition and required all medications via the _____. HHA Staff #A was asked who provided Resident #4 with the required nutrition and medications, she stated that she and the other staff provided them. She stated that she was a Home Health Aide, not a nurse and the hospice provider had instructed her on use of the _____. In an interview conducted with facility HHA Staff #B on _____ at approximately 11:40 AM, she stated that Resident #4 required total care for all activities of daily living and required _____ for nutrition and required all medications via the _____. When she was asked who provided Resident #4 with the required nutrition and medications, she stated that she and HHA Staff #A provided them. She stated that she was a trained Home Health Aide, not a nurse, and she had been instructed on _____ feedings by the Hospice provider. In an interview conducted with the Hospice nurse on _____ at approximately 12:15 PM, he stated that Resident #4 had a _____ for nutritional support and medication administration. The nurse stated that he visits the resident once a week and performs an overall assessment, monitors vital signs and orders any necessary supplies. He stated that he was not providing any medications or nutrition via the _____. He stated that he changed the _____ around the _____ weekly. He stated that the facility staff had been "trained" to provide Resident #4 her ordered nutritional	A 053		

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A 053	Continued From page 10 supplements and medications via the . . . He stated that the facility staff shared their observations with him, such as the functioning of the . . . Resident #4 was observed in her hospital bed on . . . at approximately 1:30 PM. The resident was receiving . . . via a . . . and had a . . . in place. Resident #4 was unable to communicate her needs clearly verbally. The resident required total staff assistance for repositioning. In an interview with HHA Staff #A she stated that she would be providing the ordered nutritional supplement via . . . since the resident has difficulty swallowing. Review of Resident #4's electronic Medication Observation Record (e-MOR) the resident was ordered nutritional supplement, Isosource 1.5, 1 can 4 times a day via the . . . Additional review of the e-MOR indicated that the resident had prescribed medication orders and was receiving the crushed medications via the . . . by the unlicensed facility staff. In an observation conducted at 1:35 PM on . . . HHA Staff #A repositioned Resident #4 in bed, raised the . . . of the bed and proceeded to administer the nutritional supplement, Isosource 1.5 via the . . . A paper was observed with written instructions for the . . . use and was posted on the wall in Resident #4's bedroom. In an interview conducted with the Administrator on . . . at approximately 12:30 PM, she stated that the facility staff are providing Resident #4 with nutritional supplements and medications via the . . . She stated that the facility staff are not licensed nurses, but they had been instructed,	A 053			

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A 053	Continued From page 11 by the Hospice on the use of the . . . The Administrator stated that the Hospice provider had posted instructions for the . . . use on Resident #4's bedroom wall.(Photographic evidence obtained). The Administrator stated she was unaware that Hospice cannot delegate nursing services to unlicensed facility staff. Class II	A 053		