

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/10/2023
NAME OF PROVIDER OR SUPPLIER CARPS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 3217 BROADWAY WEST PALM BEACH, FL 33407			
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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on review of the Agency's Criminal Background Screening Clearinghouse website and an interview, the facility failed to maintain a current employee roster for all employees of the facility. 2 out of 2 sampled staff, Staff B and D, were not added to and removed from the roster as required.	CZ814			

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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CZ814	Continued From page 1 The findings included: On at 11:00 AM, a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, Staff B (previous staff member) and Staff D were not listed on the roster. The roster is to be updated within 10 business days of a change in status for all employees. During interview with Staff A on at 10:00 AM, she stated that Staff B worked at the facility until she left in when Staff A took her place as the staff member who works the 7:00 AM to 5:00 PM shift. During interview with Staff D on at 11:15 AM, she confirmed Staff B no longer worked at the facility, and provided Staff B's picture identification. A review of Staff B's employment history on the Clearinghouse website revealed no listing of employment at this facility. Staff D also stated that she added herself to the employee roster on . A subsequent review of the employee roster on at 9:00 AM revealed Staff D was added to the roster with an update made on and date of hire listed as . Staff B remains off the roster with an unknown date of hire and end of employment date. Unclassified	CZ814		

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A 000	Initial Comments An unannounced Relicensure with Limited Mental Health (LMH) survey, Complaint (#2022010373), and a Generator Monitoring survey were conducted on at Carps Assisted Living. The facility had deficiencies related to the relicensure survey identified at the time of the visit.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . , the facility must, pursuant to Section	A 054		

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A 054	Continued From page 1 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was determined that the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 4 out of 4 sampled residents (Residents #3, #4, #5 & #6) who required assistance with the self-administration of medication. The findings included: During review of the MOR's, the following omissions and errors were identified: 1) Resident #3 a. 8:00 PM doses from through were not initiated as given for 2) Resident #4 a. 8:00 AM doses from through were not been initiated as given for Propanolol and b. 8:00 AM and 5:00 PM doses on and from through were not been initiated as given for Florastor. c. 8:00 AM, 12:00 PM and 5:00 PM doses on and from through were not been initiated as given for 3) Resident #5 a. 8:00 AM doses from through were not been initiated as given for and b. 8:00 PM doses from through were not been initiated as given for	A 054		

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A 054	Continued From page 2 4) Resident #6 a. 8:00 PM doses from _____ through _____ were not been initialed as given for _____ and _____ b. 8:00 AM and 5:00 PM order for _____ to be taken was not initialed as completed from _____ through _____ Staff D was notified of these findings during interview on _____ at 12:30 PM. The facility provided no additional information for review at this time. Class III	A 054		
A 077	429.176 FS; 429.52(), 59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II	A 077		

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A 077	Continued From page 3 of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____; 2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.	A 077		

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A 077	Continued From page 4 (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile _____ of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to _____, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and	A 077			

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A 077	Continued From page 5 may not _____, serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, _____, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to appoint in writing a qualified Manager for this Assisted Living Facility (ALF), who is not the Manager or Administrator of another ALF; and, failed to ensure 2 out of 2 staff (Staff A & B), that were left in sole charge of residents, had training in both First Aid and _____. The findings included: A. On _____ at 9:30 AM, Staff A was observed in sole charge of 6 residents present at the facility. She stated during interview at this time that she worked days alone at the facility with residents, and that Staff B worked nights alone with the residents. Review of her personnel file on this date revealed she had no current training in First Aid. Review of Staff B's personnel file revealed no current training in First Aid or _____. The staffing schedule documents that Staff A worked from 7:00 AM to 5:00 PM Monday through Friday, and that Staff B worked from 5:00 PM to 7:00 AM Monday through Friday. The schedule also notes that the Administrator works at the facility from 8:00 AM to 4:00 PM Monday	A 077			

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A 077	Continued From page 6 through Friday, but he was not present on Monday from 9:30 AM to 12:30 PM. B. On at 11:00 AM, Staff D was asked if she was the Manager of this facility as the Administrator is the administrator of 2 additional ALF's that were more than 16 beds each, requiring a separate manager to be designated in writing for each. The designated manager cannot be the manager or administrator of any other facility. Staff D was unable to identify a manager for this facility who was CORE trained with a passing exam, and stated that she could be the manager as she was attending the required training at this time, but had not yet taken the exam. These findings were discussed with Staff D on at 12:30 PM. The facility provided no additional information for review at this time. Class III	A 077			
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative	A 078			

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A 078	Continued From page 7 examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.	A 078		

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A 078	Continued From page 8 (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure 1 out of 2 sampled employees (Staff A) had submitted an annual negative () statement by a health care provider. The findings included: During review of the personnel file for Staff A, date of hire , a signed statement by a health care provider dated within the previous year verifying this employee was free from could not be found. The last statement of freedom from found was dated . Staff D was notified of this finding on at 12:30 PM. The facility provided no additional documentation of the required statement for review at this time. Class	A 078		
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 9 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 10 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 11 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 record review and an interview, the facility failed to ensure 2 out of 2 sampled staff (Staff A and C) had documentation showing completion on file of 2 hours of Preservice Orientation prior to interacting with residents; and, failed to ensure that these staff members had received mandatory in-service training within 30 days of employment.	A 081		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARPS ASSISTED LIVING

**3217 BROADWAY
WEST PALM BEACH, FL 33407**

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A 081	Continued From page 12 The findings included: During review of the personnel files on _____ for caregivers, Staff A (date of hire _____) and Staff C (date of hire _____), completed certificates of Preservice Orientation could not be found. Preservice Orientation includes 2 hours of training in Residents' Rights and ALF (Assisted Living Facility) services with a certificate requiring signatures by both the Administrator and the employee prior to interacting with residents. The following was identified: a. Staff A's personnel file contained a certificate dated _____ (30 days after start of employment and interaction with residents) with no signatures of either the Administrator or employee. Staff C had a certificate that the employee had not signed. b. Review of the personnel file for Staff A revealed the following missing or incomplete in-service training certificates, required within 30 days of employment: - Control (1 hour) - Activities of Daily Living (2 hours; 3 hours are required) - Facility's Emergency Procedures and Incident Reporting - Residents' Rights and _____, Neglect and _____ c. Review of the personnel file for Staff C revealed there was no documentation of the following required in-service training dated within 30 days of employment: - Facility's Emergency Procedures and Incident Reporting (1 hour)	A 081		

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A 081	Continued From page 13 2. Residents' Rights and Neglect and (1 hour) 4. Control (1 hour) 5. Activities of Daily Living (3 hours) 6. Safe Food Handling (1 hour) 7. Facility's Elopement Policy and Procedure Staff D was notified of these findings at 12:30 PM on The facility provided no additional documentation of the required training for these staff members at this time. Class III	A 081		
A 082	59A-36.011(4) FAC Training - (4) (/ /). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure 1 out of 2 sampled staff (Staff A) had documentation showing completion training within 30 days of employment. The findings included: During review of the personnel file on	A 082		

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A 082	Continued From page 14 for caregiver Staff A (date of hire), a certificate showing completion of training in was not located. Staff D was notified of these findings at 12:30 PM on The facility provided no additional documentation of the required training for this staff member at this time. Class III	A 082		
A 083	59A-36.011(5) FAC Training - First Aid and (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 record review and an interview, the	A 083		

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A 083	Continued From page 15 facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 2 out of 2 sampled staff (Staff A and C). The findings included: a) Review of the personnel file for Staff A who works as a caregiver in sole charge of residents from 7:00 AM to 5:00 PM Monday through Friday revealed no current training in First Aid. Staff A was observed in sole charge of 6 residents on at 9:30 AM. b) Review of the personnel file for Staff C who works as a caregiver in sole charge of residents from 5:00 PM to 7:00 AM Monday through Friday revealed no current training in First Aid or . The staffing schedule also confirms that Staff C is the only employee working at these times. Staff D was notified of these findings on at 12:30 PM. The facility provided no additional documentation of the required training for review at this time. Class III	A 083		
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	A 090		

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A 090	Continued From page 16 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 record review and an interview, the facility failed to ensure 2 out of 2 sampled staff (Staff A) had documentation showing completion of training in the facility's policies and procedures regarding within 30 days of employment. The findings included: During review of the personnel file on for caregiver Staff A (date of hire), a certificate of training in the facility's policies and procedures regarding could not be found. Staff D was notified of these findings at 12:30 PM on . The facility provided no additional documentation of the required training at this time. Class III	A 090			
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current	A 093			

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A 093	Continued From page 17 USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.frules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs	A 093			

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A 093	Continued From page 18 and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day.	A 093			

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A 093	Continued From page 19 Snacks are not considered to be meals for the purposes of _____ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on _____. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve, must be on _____ at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review and an interview, the facility failed to ensure that meal items with substitutions of equal nutritional value were served; and, that substitutions were documented at the time or before the meal; and, failed to ensure the menu used by the facility was reviewed annually by a qualified professional. This affected 10 out of 10 current residents. The findings included: On _____ at 12:00 PM, Staff A was observed serving lunch to 6 residents in the dining room (Residents #1-#6). They were served bologna sandwiches and potato salad. There were no substituted menu items served for lunch that were noted at this time. The dietician approved menu, signed and dated _____ (more than a	A 093			

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A 093	Continued From page 20 year ago), indicated that the residents were to be served the following items: 1. Entree (sandwich with protein and bread) 2. Vegetable (lettuce and tomato for sandwiches) 3. Salad/Vegetable (three bean, raisin, beets, green beans) 4. Soup 5. Milk 6. Dessert The residents did not receive the two vegetable items, and were served potato salad instead. They also did not receive soup or milk. Staff C was notified of these findings at 12:30 PM on . The facility provided no additional information for review at this time. Class III	A 093		
AL241	429.075() ; 59A-36.020(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live	AL241		

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AL241	Continued From page 21 in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan. (4) A facility that has a limited mental health license may enter into a _____ agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager. 59A-36.020 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section	AL241		

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AL241	Continued From page 22 394.4574, F.S., and that the resident is receiving social security _____, or supplemental security income and _____ as follows: a. An affirmative statement on the Alternate Care Certification for _____ (_____) form, CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or SSDI due to a mental _____. b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental _____. Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental _____. The case manager or other mental health care provider must consider the following minimum criteria in making that determination: (I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or (II) The resident has been diagnosed as having a severe or persistent mental _____. 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, _____ nurse, or an individual	AL241			

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AL241	Continued From page 23 supervised by one of these professionals. a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement: (I) Completed Alternate Care Certification for _____ () form, CF-ES Form 1006, (II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or (III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that: a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community, b. Includes the clinical mental health services to be provided by the mental health care provider to	AL241		

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AL241	Continued From page 24 help meet the resident's needs, and the frequency and duration of such services, c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities, d. Includes the _____ of the facility to facilitate and assist the resident in attending _____ and arranging transportation to _____ for the services and activities identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager, e. Includes a description of other services to be provided or arranged by the facility, f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms _____ to the resident that indicate the immediate need for professional mental health services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. _____ include the _____ Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document.	AL241		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/10/2023
NAME OF PROVIDER OR SUPPLIER CARPS ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 3217 BROADWAY WEST PALM BEACH, FL 33407		
(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
AL241	Continued From page 25 4. _____ Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement: a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.; c. _____ cover all mental health residents of the facility who are clients of the same provider; and, d. _____ be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure an annual Community Living Support Plan and _____ Agreement	AL241			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964400	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/10/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARPS ASSISTED LIVING

**3217 BROADWAY
WEST PALM BEACH, FL 33407**

(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
AL241	Continued From page 26 (CLSP/) with a mental health services provider was maintained on file for 2 out of 2 sampled Limited Mental Health (LMH) residents (Residents #2 and #7). The findings included: On at 12:15 PM, the Administrator stated during a telephonic interview that Residents #2 and #7 were LMH residents who received payments, maintaining that they required CLSP/ 's on file. Review of the residents' files at this time by Staff D revealed no CLSP/ 's dated within the previous year for these residents. The facility provided no additional information for review at this time. Class III	AL241		