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
	AL11969110	A. BUILDING: _____ B. WING _____	06/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH CENTER AT SINAI RESIDENCES	21044 95TH AVE S BOCA RATON, FL 33428

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A 000	Initial Comments AMENDED REPORT An unannounced Relicensure with Limited Nursing Services (LNS) and Extended Congregate Care (ECC), Complaint (#2023006699, #2023006937) and Generator Monitoring survey was conducted on through at Health Center at Sinai Residences. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
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 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	A 080		

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A 080	Continued From page 1 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 [illegible]'s [illegible] and related [illegible]. 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 competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to [illegible], and managers who attended the core training program prior to [illegible], 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	A 080		

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A 080	Continued From page 2 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 interview and record review, the facility failed to ensure the Assisted Living Facility (ALF) Manager completed the CORE training requirement. The findings included: Upon entrance to the facility on at 9:40 AM, Staff B introduced herself to the survey team as the facility's designated Assisted Living Facility Manager. During review of Staff B's, the Assisted Living Facility Manager, personnel file revealed she was hired on . Further review of Staff B's file revealed there was no documentation of completion of the ALF CORE Training requirement within 3 months from the date of becoming the facility's Assisted Living Facility	A 080		

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A 080	Continued From page 3 Manager, including and passing of the competency test (minimum passing score competency test is 75%). During a further interview, conducted on at 12:30 PM, Staff B she confirmed she started (hired) on . . . . . , as the Assisted Living Facility Manager. On at 2:30 PM, an interview with the Administrator confirmed Staff B is the Assisted Living Facility Manager and he stated, " I was not aware of Staff B needing completion of the CORE Training". The Administrator acknowledged the findings. Class III	A 080		
AE201	59A-36.021(2) FAC 429.07(3)(b)5, FS ECC - Policies 58A-5.030 (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through extended congregate care services must promote resident independence, dignity, choice, and decision-making. The facility must develop and implement specific written policies and procedures that address: (a) Aging in place; (b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (4), and extended congregate care services listed in subsection (7); (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions	AE201		

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AE201	Continued From page 4 to provide the services including their relationship to the facility; (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff; (e) Identifying potential unscheduled resident service needs and mechanisms for meeting those needs including the identification of resources to meet those needs; (f) A process for mediating conflicts among residents regarding choice of room or apartment and roommate; and, (g) How to involve residents in decisions concerning the resident. The services must provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions, a family member or other resident representative must be consulted. Choices must include at a minimum whether: 1. To participate in the process of developing, implementing, reviewing, and revising the resident's service plan, 2. To remain in the same room in the facility, except that a current resident transferring into an extended congregate care services may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed, 3. To select among social and leisure activities, 4. To participate in activities in the community. At a minimum the facility must arrange transportation to such activities if requested by the resident; and, 5. To provide input with respect to the adoption and amendment of facility policies and procedures.	AE201		

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AE201	Continued From page 5 429.07(3)(b), FS 5. A facility that is licensed to provide extended congregate care services is exempt from the criteria for continued residency set forth in rules adopted under s. 429.41. A licensed facility must adopt its own requirements within guidelines for continued residency set forth by rule. However, the facility may not serve residents who require 24-hour nursing supervision. A licensed facility that provides extended congregate care services must also provide each resident with a written copy of facility policies governing admission and retention. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to maintain policies and procedures for the facility Extended Congregate Care(ECC) Program. The findings include: During an interview with Staff B (Assisted Living Facility Manager), at 11:13 AM on . . . . . , she stated that she oversees the ECC program. The Administrator at 11:30 AM on . . . . . confirmed that Staff B was in charge of the ECC program. At 11: 13 PM on . . . . . , the facilities ECC policies and procedures were requested from Staff B. Staff B was also requested to identify and provide a listing of all residents receiving ECC services. Staff B was unable to provide the requested information. On at 12:15 PM and 3 PM, Staff B	AE201		

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AE201	Continued From page 6 was requested to provide the facility's ECC policies and procedures; since the information was not provided on . . . . . No documentation was providing regarding the facility policy. Class III	AE201		
AE205	59A-36.021(5); 429.07(3)(b) ECC - Health Assessment 59A-36.021 (5) HEALTH ASSESSMENT. Before receiving extended congregate care services, all persons. including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a health care practitioner pursuant to rule 59A-36.006, F.A.C. A health assessment conducted no more than 60 days before receiving extended congregate care services meets this requirement. Once receiving services, a new health assessment must be obtained at least annually. 429.07 (3)(b), FS 6. Before the admission of an individual to a facility licensed to provide extended congregate care services, the individual must undergo a medical examination as provided in s. 429.26(5) and the facility must develop a preliminary service plan for the individual. 7. If a facility can no longer provide or arrange for services in accordance with the resident's service plan and needs and the facility's policy, the facility must make arrangements for relocating the person in accordance with s. 429.28(1)(k).	AE205		

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AE205	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on record and interview, it was determined that the facility failed to ensure that all residents receiving Extended Congregate Care services(ECC) at the facility, had a health assessment completed no more than 60 days before receiving services. The findings: During an interview with Staff B (Assisted Living Facility Manager), at 11:13 AM on , she stated that she oversees the ECC program. The Administrator at 11:30 AM on confirmed that Staff B was in charge of the ECC program. At 11: 13 PM on , the facilities ECC policies and procedures were requested from Staff B. Staff B was also requested to identify and provide a listing of all residents receiving ECC services and documentation regarding the care services provided. Staff B provided a 1 page ECC log listing 4 residents (Resident #14-#18). Further review of the log revealed the following. 1) The heading of "Resident" shows "ECC". No resident name listed. 2) Under the date column, shows " " for all for residents; each on a separate line 3) Under the Nursing service column , shows Resident #14-#18 name; each on a separate line. 4) Under the Amount, scope, duration of service column, show "Hospice"; for each of the 4 residents 5) Service Outcome, Physican Contacted, Notes columns for each resident was blank; no	AE205		

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AE205	Continued From page 8 documentation. Staff B also provided the Monthly nursing assessment notes for Resident #14-#18. Review of the assessment notes revealed the following. 1) Resident #14: revealed assessment forms for [illegible] through [illegible]. The date of the assessment and signature of administrator were left blank. 2) Resident #16: revealed assessment forms for [illegible] and [illegible], no assessment for [illegible]. The date of the assessment and signature of administrator were left blank. 3) Resident #17: revealed assessment forms for [illegible] through [illegible], no assessment for [illegible]. The date of the assessment and signature of administrator were left blank. On [illegible] at 12:15 PM and 3 PM, Staff B was requested to provide the facility's ECC policies and procedures; since the information was not provided on [illegible]. No documentation was provided regarding the facility policy. During an interview with Staff B at 2:50 PM on [illegible]; a request was made to see the ECC documentation for all 4 residents (Resident #14-#18) per the ECC regulations. Staff B was reminded again, to provide the ECC policies and procedures. At this time, Staff B stated she had not updated the Health Assessments (AHCA form 1823) for the 4 ECC residents (Resident #14-#18). She also stated she had no service plans or detailed monthly notes regarding the services provided. Class III	AE205		

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AN277	Continued From page 9	AN277		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to obtain a physician order prior to a resident receiving Limited Nursing Services(LNS), for 1 out 1	AN277		

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AN277	Continued From page 10 sampled LNS residents (R#14). The findings include: During an interview with Staff B (Assisted Living Facility Manager), at 11:13 AM on , she stated that she oversees the LNS program. The Administrator at 11:30 AM on confirmed that Staff B was in charge of the LNS program. During an interview with Staff B (Assisted Living Manager), it was revealed that Resident #14 was receiving LNS services under the facility's license. Review of Resident #14's file failed to reveal a physician order for LNS services. During an interview with Staff B at 2:50 PM on , she confirmed that she didn't have a physician order for Resident #14 to receive LNS services. She further stated, Resident #14 started receiving services in , . However, the file failed to reveal any progress notes and the resident care standards provided under the facility's LNS program. Class III	AN277		