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
	AL11942934	A. BUILDING: _____ B. WING _____	09/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT POMPANO BEACH LLC	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

(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 Change of Ownership (CHOW) with Extended Congregate Care (ECC) and Limited Mental Health (LMH), Complaint (#2023002254, #2023002662, #2023003617, #2023006028, #2023006236, #2023007288, #2023012915 and #2023013403) and Generator Monitoring survey was conducted on and at The Residence at Pompano Beach, LLC. The facility had deficiencies related to the Change of Ownership at the time of the survey.	A 000		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.	A 052		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 052	Continued From page 1 (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his	A 052		

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A 052	Continued From page 2 or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the	A 052		

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A 052	Continued From page 3 resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on obseration, record review and interview	A 052		

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A 052	Continued From page 4 the facility failed to ensure that 1 of 3 sampled staff reviewed received the annual 2-hour assistance with self-administration of medication training (Staff B). The findings included: On at 12:01 PM, Certified Nursing Assistant (CNA) Staff B was observed with Resident #31 assisting with the self-administration of medication. Once the medication pass was completed with Resident #31, CNA Staff B moved on to assist Resident #22 with the self-administration of medication. Lastly, at 12:08 PM, CNA Staff B was observed assisting Resident #21 with the self-administration of medications. Review of the employee record for CNA Staff B revealed a date of hire of to provide direct care to residents, including assistance with the self-administration of medications. However, review of her employee record revealed documentation that her last 2-hour medication update training was on and expired on . In an interview conducted with the Administrator on at 2:50 PM, she was informed of CNA Staff B's medication training and provided an opportunity to review her record. She was unable to locate updated training as required annually, and the required annual training documentation was not provided during the survey. Class III	A 052		

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A 083	Continued From page 5	A 083		
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 interview the facility failed to ensure that 2 of 4 sampled staff reviewed had evidence of First Aid certification in their employee records (Staff C and Staff D). The findings included: A review of Certified Nursing Assistant (CNA) Staff C's employee record revealed she began employment at the facility on and provides direct care to residents on the 3:00 PM to 11:00 PM shift. However, review of her employee record did not reveal a First Aid	A 083		

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A 083	Continued From page 6 Certificate indicating she has received training in First Aid. A review of CNA Staff D's employee record revealed she began employment at the facility on and provides direct care to residents on the 11:00 PM to 7:00 AM shift. However, review of her employee record did not reveal a First Aid Certificate indicating she has received training in First Aid. In an interview conducted with the Administrator on at 2:48 PM, she was informed of the missing First Aid certifications for CNA Staff C and CNA Staff D and was provided an opportunity to review their employee records. She was unable to identify the certification in their records. On the Administrator provided this surveyor with BLS (Basic Life Support) for 2 additional staff (2nd and 3rd shift). In an interview conducted with the Administrator on , she was informed again that BLS is not First Aid. She stated that is all they have for all their staff. She also confirmed there is not a licensed nurse on duty during the 3:00 PM to 11:00 PM shift and 11:00 PM to 7:00 AM shift. Class III	A 083		
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.,	A 086		

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A 086	Continued From page 7 Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with 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.	A 086		

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A 086	Continued From page 8 . . . . . and Related . . . . . Level II Training must address the following subject areas as they apply to these . . . . . : 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	A 086		

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A 086	Continued From page 9 accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an 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 of 4 sampled staff reviewed completed the required . . . . . 's . . . . . and Related . . . . . (ADRD) Level II training as required (Staff B). The findings included: Review of the employee record for Certified Nursing Assistant (CNA) Staff B revealed she began employment on . . . . . and provides direct care to residents, including residents in the facility's Memory Care Unit. However, review of her employee record revealed she had not completed the additional 4 hours of Level II . . . . . training required within 9 months of	A 086		

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A 086	Continued From page 10 hire. In an interview conducted with the Administrator on at 2:51 PM, she was provided an opportunity to review the employee record, and stated CNA Staff B had not done her update training yet. No updated Level II ADRD training was provided during the survey. Class III	A 086		
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 USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.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	A 093		

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A 093	Continued From page 11	A 093		

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 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

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A 093	Continued From page 12 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. 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, interview and record	A 093		

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A 093	Continued From page 13 review, the facility failed to ensure the recommended dietary menu was followed or substitution available to ensure resident's nutritional needs are met. The findings included: On at 11:26 AM, an interview was conducted with Resident #14 who stated the 'food is bad, and the choices are limited.' Resident #14 further stated he goes to 3 times a week at 12:00 PM thereby missing the lunch meal and no food is provided to take with him to . On at 11:29 AM, an interview was conducted with Resident #15 who stated they have nothing but mashed potatoes and further stated you can have a turkey or ham sandwich which he cannot eat so he has to order out. Resident #15 further stated he goes to 3 times a week and leaves the facility at 5:00 AM for his treatment and he misses breakfast, further stating he is not provided with any food to take with him to eat during his treatments. On at 11:53 AM, an interview was conducted with Resident #18 who when asked about the food stated, 'the food is passible'. Resident #18 was not happy with the meals served. On at 12:00 PM, an observation was conducted of the lunch meal served in the dining room. Review of the lunch menu recommended by the Dietician revealed Menu Cycle #1 documenting the following items were to be served: 1 cup of fried rice; 2 ounces of assorted meats; half cup of vegetables; 1 cup tossed salad; 1 dinner roll; 1 slice of cake. During the lunch meal observation conducted on	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942934	A. BUILDING: _____ B. WING _____	09/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 093	Continued From page 14 at 12:00 PM, it was noted the 1 cup of tossed salad was not served and there was no substitute offered to ensure the comparable nutritional value of the lunch meal as recommended by the Dietician on Menu Cycle #1. On . . . . . at 12:20 PM, an interview was conducted with Resident #33 who stated she is on a regular diet and further stated 'the food is terrible; you ask for a salad, and they say they have none.' Resident #33 went on to state 'You cannot get butter for your toast on a regular diet, and you only get a half a slice of toast cut in half.' On . . . . . at 12:23 PM, an interview was conducted with Resident #20 who expressed 'In the 2 months I have lived here, the food is no good.' On at 10:00AM, an interview was conducted with the Administrator who was informed during the lunch meal observation conducted on . . . . . at 12:00 PM, the dining room staff failed to serve the tossed salad per the recommended menu by the Dietitian and no substitution was offered to ensure the comparable nutritional value for the lunch meal. Further, she was advised there were resident complaints about the taste of the food served. The Administrator acknowledged the menu had not been followed. Class III	A 093		

Agency for Health Care Administration

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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 [illegible] 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 [illegible] 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 record review and interview the facility failed to ensure that 1 of 4 sampled staff reviewed (Staff A) was added to the facility's Background Screening Application (Background Screening	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Agency for Health Care Administration

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CZ814	Continued From page 1 Clearinghouse Roster). The findings included: On . . . . . a review of Administrator Staff A's facility file and Background Screening Clearinghouse Roster was conducted. During review it was revealed that Staff A was not observed on the facility's Background Screening Clearinghouse Roster. In an interview conducted with the Administrator on . . . . . at 2:51 PM, she was informed of this finding. She stated she would ensure it was added. Unclassified	CZ814		