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
	AL11953544	A. BUILDING: _____ B. WING _____	11/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS VILLA	2131 NW 28TH STREET OAKLAND PARK, FL 33311

(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 with Limited Mental Health (LMH) and Generator Monitoring survey was conducted on at Palms Villa. The facility had deficiencies identified related to the Relicensure and LMH 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. (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	A 052		

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [illegible], converting, or [illegible] 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 [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] 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 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	A 052		

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A 052	Continued From page 2 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 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	A 052		

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A 052	Continued From page 3 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 observation and interview, Home Health Aide (HHA) Staff A failed to perform hygiene during assisting residents with the self-administration of medications for 5 out of 5 sampled residents observed during medication pass, (Resident #11, Resident #12, Resident #9, Resident #2 and Resident #15), potentially	A 052		

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A 052	Continued From page 4 placing the residents at risk for the transmission of . The findings included: On at 10:00 AM, an interview was conducted with HHA Staff A who confirmed she assists residents with the self-administration of medications. When asked if she has received any continuing education on medication training, she stated 'Yes, we have training every 2 months.' Review of the employee file for HHA Staff A revealed a date of hire of . Further review of the employee file revealed HHA Staff A had received 2 hours of medication training updates on . On at 12:20 PM, HHA Staff A was observed to assist Resident #11 with the self-administration of 2 medications. HHA Staff A's were observed to be long and substantially extending past the tips. HHA Staff A failed to perform hygiene prior to assisting Resident #11 with the self-administration of his medications. Further, HHA Staff A failed to perform hygiene after assisting Resident #11 with medication administration and moved on to assist Resident #12. On at 12:23, HHA Staff A was observed to assist Resident #12 with the self-administration of 1 medication. HHA Staff A failed to perform hygiene prior to assisting Resident #12 with medication administration and moved on to assist Resident #9. On at 12:25 PM, HHA Staff A was observed to assist Resident #9 with the	A 052		

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A 052	Continued From page 5 self-administration of 1 medication. HHA Staff A failed to perform hygiene prior to assisting Resident #9 with medication administration and moved on to assist Resident #2. On at 12:28 PM, HHA Staff A was observed to assist Resident #2 with the self-administration of 1 medication. HHA Staff A failed to perform hygiene prior to assisting Resident #2 with medication administration and moved on to assist Resident #15. On at 12:30 PM, HHA Staff A was observed to assist Resident #15 with the self-administration of 1 medication. HHA Staff A failed to perform hygiene prior to assisting Resident #15 with medication administration. Resident observations for 5 out of the 5 sampled residents revealed HHA Staff A failed to provide services in a manner that reduces the risk of transmission of by not performing hygiene before or after assisting each resident with the self-administration of medications. hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. In an interview conducted with the Administrator on at 3:15 PM, he was informed that HHA Staff A failed to perform during the observations of assistance with the self-administration of medication for 5 of the 5 residents observed. The Administrator stated that was not appropriate for their staff to not use proper hygiene during the passing of residents medications. Class III	A 052		

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AL243	Continued From page 6	AL243		
AL243	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may	AL243		

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AL243	Continued From page 7 count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are	AL243		

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AL243	Continued From page 8 retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure employees had the mandatory training in Limited Mental Health (LMH), as required within 6 months of employment for 2 of 3 employee files reviewed, for Staff D and Staff E. The findings included: Review of the facility license revealed the facility has the specialty service Limited Mental Health listed. On [redacted], 9 of the 19 residents residing in the facility were identified as receiving LMH services. 1) A review of the employee file for Home Health Aide (HHA) Staff D revealed a date of hire of [redacted] to work the evening shift. Further review of the employee file revealed no evidence of the 6 hours of LMH initial training as required within 6 months of hire. In an interview conducted with the Administrator on [redacted] at 3:15 PM, the Administrator confirmed that HHA Staff D did not receive their LMH training within 6 months of hire, stating he would get HHA Staff D's file and training up to date. 2) A review of the employee file for Caregiver Staff E revealed a date of hire of [redacted] to provide direct care to residents on the night shift. Further review of the employee file revealed Caregiver Staff E did not have the required 6 hours of initial LMH training within 6 months of hire nor the 3 hours of LMH training required every 2 years for employees providing direct care	AL243		

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AL243	Continued From page 9 for residents residing in a facility holding LMH on their license. Caregiver Staff E had no evidence of LMH training documentation in her file. In an interview conducted with the Administrator and Assistant Administrator on 11/27/2023 at 12:53 PM, this surveyor informed them Caregiver Staff E did not have any LMH training in her file. The Administrator stated it was because she was just hired, and the Assistant Administrator stated it was because the training has not been offered and she has been waiting for it to be scheduled, but it has not been. This surveyor reminded them that Caregiver Staff E was hired in , and that training is required within the first 6 months of hire. In review of the employee files, it was revealed that HHA Staff A who was hired on , had LMH training documentation in her file dated . Therefore, LMH training had been offered and scheduled in , for HHA Staff A to have received it. The Administrator then stated in the interview conducted on at 12:53 PM, that Caregiver Staff E does not provide any assistance with the residents, give medications or anything, she just cleans and helps the Assistant Administrator. This surveyor inquired if she assisted residents with their activities of daily living, and the Administrator stated 'Yes'. This surveyor informed the Administrator that Caregiver Staff E is functioning as a direct care staff, to which he acknowledged. Class III	AL243		