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
	AL11969818	A. BUILDING: _____ B. WING _____	12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE SENIOR LIVING AT JUPITER	650 656 PIONEER RD JUPITER, FL 33458

(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 Complaint (#2023014131, #2023017674, #2023017731 and #2023018552) survey and a Generator Monitoring survey were conducted on [redacted] at Luxe Senior Living at Jupiter. The facility had deficiencies identified related to Complaint (#2023017674, #2023017731 and #2023018552) at the time of the survey.	A 000		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to provide prevention interventions as needed for 2 out of 3 sampled residents, (Resident #1 and Resident #3). The findings included: Review of the facility's and Risk, Managing Policy and Procedure on [redacted] revealed the following: 1. The staff will implement a resident-centered prevention plan to reduce the specific risk factor (s) of for each resident at risk or with a history of . 2. If falling recurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current	A 028		

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A 028	Continued From page 1 approach remains relevant. 3. If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling is reduced or until the reason for the continuation of the falling is identified as unavoidable. 4. If the resident continues to , staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions. A. On at 12:00 PM, Resident #1 was observed with . The resident's representative (Resident #2) stated during interview at this time that the resident had and hit his on , sustaining a with . She said that the resident had activated the call bell to request assistance from staff to take him to the bathroom between 10:00 PM and 11:00 PM on . After approximately 2 hours of waiting with no response from staff, the resident got out of bed to use the bathroom without assistance. The resident's representative stated she also activated her call bell during this time. When the resident next to the bed, she attempted to get out of bed also and was not able to ambulate out of the room to get assistance due to . At approximately 8:00 AM, the residents were found and Resident #1 was sent to the hospital for treatment of his injury. Review of the call bell activation and response times at the facility on and note the following: a. Resident #2 activated the call bell at 9:59 PM last on , with a "clear time" of 9:59 PM, with a note indicating "Device Removed".	A 028		

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A 028	Continued From page 2 b. Resident #1 activated the call bell last at 10:18 PM on , with a "clear time" of 11:39 PM. Resident #1 was admitted to the facility on . His Health Assessment (AHCA Form 1823) dated noted the resident's diagnoses including progressive supranuclear , (degenerative), , (language), essential tremor and limited movement (can affect vision). It was documented that he was able to ambulate with a walker with supervision and required special precautions. He also required supervision with transfers and assistance with toileting and self-care. The resident was noted to be alert and "oriented x 2" (some ,). The following Progress Notes related to were documented: a. 12:07 PM During routine check resident observed on the floor of his apartment on around 5:00 PM. Raised area noted above right , noted to right . Resident stated, "I was walking in the apartment when I lost my balance and ". Staff observed on the bathroom door. 911 activated per protocol and (representative) notified of also requested ER visit for evaluation. 12:18 PM Staff will continue to provide frequent visual and safety checks, and reminders to use call alert pendant for all needs. b. 2:50 PM During routine safety check resident was observed lying down on the bedroom floor of his apartment, pants down to his and his walker noted in the shower. Red, area noted on his forehead and with coming from a small open area on his	A 028		

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A 028	Continued From page 3 c. 11:07 AM Staff will continue frequent visual and safety checks, resident reminded to use call alert button for assistance. d. 10:00 AM Housekeeper called this nurse to resident's room as she had an unwitnessed at 9:00 AM. Upon arrival witnessed resident laying down on the ground from / area. Alert and verbally responsive. 911 called while CNA (Certified Nursing Assistant) stayed with resident in his bathroom with him. Resident was not using wheelchair at time of the . e. 9:33 AM Upon arrival observed resident lying prone (down) on floor in bedroom from . When asked what happened resident's (representative) states he got up to use the bathroom and, on his way he hitting his ( ) next to bed. B. On at 11:30 AM, Resident #3 was observed with . The resident's representative stated during interview at 9:16 AM on that the resident had during the 11:00 PM to 7:00 AM shift on . Resident #1 was admitted to the facility on . His Health Assessment (AHCA Form 1823) dated noted the resident's diagnoses including a previous , . It was documented that he was able to ambulate with a wheelchair with assistance and required special precautions. He also required assistance with transfers, toileting and self-care. The resident was noted to be alert and "oriented x 2, forgetful" (some , ,). The following Progress Notes related to were documented:	A 028		

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A 028	Continued From page 4 a. . . . . 10:35 AM Resident pressed his call alert pendant and was observed on his bathroom floor in his apartment. Resident stated, "I went to wash my and tried to stand up with slippery soapy . . . causing me to lose my balance and gently ". Resident reminded to call for assistance at all times. b. . . . . 11:41 AM Resident noted sitting on the floor of his bathroom, stated "I got up to weigh by scale when I . ". Tiny bath scale observed next to his toilet and was removed post . . . . noted to left . ... c. . . . . 6:20 PM Staff report he has had multiple in the last few days and a trip to the ER (Emergency Room)...will have staff get a UA and C+S (, for , / .) (Practitioner note). d. . . . . 11:44 AM Oncoming shift report received that resident was observed on floor in bathroom. Resident states I got out of bed by myself to go use the bathroom. e. 8:30 AM On at 12:30 AM, resident had unwitnessed . with injuries to . . . . During interview with Caregiver Staff A on at 12:30 PM, she stated that the call bell system did not work consistently. The Administrator stated during interview at 4:00 PM on . . . . . that the meaning of the "Device Removed" comment on the response time print out was unknown at this time. He confirmed that there was no time expectation for response to call bell activation and that Residents #1 and #3 were to be checked on every three hours at night but that there was no documentation to show this is completed. Review of the form used in the	A 028		

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A 028	Continued From page 5 residents' contracts notes that residents will be checked on every three hours if they mark the request box on the form. During further interview with the Administrator on at 4:00 PM, the incident reports showing the assessments of the with resident-centered interventions that were utilized were requested. There were no incident reports available for review at the time of the visit. It could not be determined if the facility was implementing measurable and effective resident-centered interventions such as toileting assistance (rather than checking for), scheduled toileting, and/or bed side commode provision, call bell use and response time effectiveness, measurable times for "visual and safety checks", motion detection alarms, safety of the resident's environment and monitoring the use of assistive devices (wheelchair versus walker). The only interventions for noted in the Progress Notes included "call pendant in place", "visual and safety checks" and "remind to use call alert pendant" for these residents. The Administrator stated that Residents #1 and Resident #3 are now receiving one hour checks at night, an increase from the three hour checks that were supposed to be implemented prior to the on . Class III	A 028		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as	A 030		

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A 030	Continued From page 6 described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and	A 030		

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A 030	Continued From page 7 6. Administrative and housekeeping schedules and requirements; 7. [illegible] control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical [illegible]. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from [illegible] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity,	A 030		

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A 030	Continued From page 8 individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate	A 030		

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A 030	Continued From page 9	A 030		

and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right

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A 030	Continued From page 10 includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated	A 030		

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A 030	Continued From page 11 . . . , ... or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interviews and record review, it was determined that the facility failed to implement their Grievance procedure for receiving and responding to resident complaints, and to allow residents to recommend changes to facility Policies and Procedures for 1 of 3 sampled residents (Resident #3). The findings included: During review of the facility's Grievance Policy and Procedure on . . . . . , the following steps were noted: a. All grievances and complaints filed with the facility will be investigated and corrective actions will be taken to resolve the grievance(s). b. Upon receiving a grievance and complaint report, the Grievance Officer will begin an investigation into the allegations. c. The Grievance Officer will record and maintain all grievances and complaints on the "Resident Grievance Complaint Log". The following	A 030		

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A 030	Continued From page 12 information will be recorded and maintained in the log: 1. The date the grievance/complaint was received; 2. The name and room number of the resident filing the grievance/complaint (if applicable); 3. The name and relationship of the person filing the grievance/complaint on behalf of the resident (if applicable); 4. The date the alleged incident took place; 5. The name of the person(s) investigating the incident; 6. The date the resident, or interested party, was informed of the findings; and 7. The disposition of the grievance (i.e. resolved, dispute, etc.) d. The "Resident Grievance/Complaint Investigation Report Form" will be filed with the Administrator within five (5) working days of the incident. e. The resident, or person acting on behalf of the resident, will be informed of the findings of the investigation, as well as any corrective actions recommended... f. A copy of the "Resident Grievance/Complaint Investigation Report Form" must be attached to the "resident Grievance/Complaint Form" and filed in the business office. g. Copies of all reports must be signed and will be made available to the resident or person acting on behalf of the resident. During interview with the Administrator on at 11:00 AM, the Grievance Forms recorded for residents or their representatives was requested. There were no Grievance Report Forms, Grievance Investigation Report Forms or grievances logged and dated in 2023 available for	A 030		

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A 030	Continued From page 13	A 030		

review at this time. During interview with the Front Desk representative on at 4:00 PM, she provided a blank copy of the facility's Grievance Report Form located in a binder in a cabinet behind her desk. There were completed Grievance Forms in the binder from 2022, but none dated in 2023.

During a telephonic interview with Resident #3's representative on at 9:16 AM, he confirmed that he had submitted grievances related to Resident #3's prevention, call bell response time and staffing by emailing the concerns to the Administrator. Review of the email correspondence substantiates that the resident's representative emailed the following statements to the Administrator on :

1. "(Resident) again last night and is in the hospital; slipped to the floor yesterday morning"
2. "no trained staff on duty"
3. "(Resident) called for help by use of his emergency pendant but no one comes. This has been an ongoing problem...doesn't make a difference, day or night"
4. "The lack of staff and the fact that there is spotty connectivity (very little to no wifi/cell/radio reception) in the building is putting your residents in danger".

The Administrator's emailed response dated noted the following investigation and resolutions:

1. "There was a Med Tech and 2 CNAs (Certified Nursing Assistants) during the evening shift in the ALF yesterday".

2. "The call light response I will be happy to investigate. You have my number and you have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969818	A. BUILDING: _____ B. WING _____	12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE SENIOR LIVING AT JUPITER	650 656 PIONEER RD JUPITER, FL 33458

(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 030	Continued From page 14 used it in the past. If you have concerns feel free to text or call anytime as we have done in the past". The ... that the resident's representative was referring to on occurred during the night shift (not the evening shift), between 11:00 PM and 7:00 AM (EMT response time is 4:37 AM). During interview with the Administrator on , he stated 1 staff member works some nights during the night shift, and has access to an additional staff member by calling the Skilled Nursing Facility (SNF) next door to the Assisted Living Facility (ALF) building if needed. During interview with Caregiver Staff A on ... at 12:30 PM, she confirmed that she and Caregiver Staff B work alone during the 11:00 PM to 7:00 AM shift most nights, with currently 32 residents on two floors of the ALF building. She stated Caregiver Staff C also works during this shift. Review of the training credentials for Staff A, Staff B and Staff C on the Department of Health's website reveal that these staff members are not licensed "CNA's" (Certified Nursing Assistants). There was no Grievance Report, Investigation Form or log entry completed to show the facility's investigation with accurate information documented, and a resolution with a disposition noted. It could not be determined if the call bell system was operable, if sufficient staffing was provided and if staff were responding to this resident's need for assistance in a timely manner when the grievances were communicated to the Administrator. Class III	A 030		