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
	AL11969306	A. BUILDING: _____ B. WING _____	01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MERIDIAN AT BOCA RATON	21865 PONDEROSA DR BOCA RATON, FL 33428

(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 licensure Complaint (#2022009299, #2023000065, #2023000859, #2023003164, #2023007688, #2023011172, #2023017283) and Generator Monitoring survey was conducted on through at the Meridian At Boca Raton. The facility had deficiencies identifed realted to Complaint #2023000065, #2023003164 and #2023007688 at the time of the survey.	A 000		
A 011	59A-36.006(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or health care practitioner, the resident must be discharged in accordance with Section 429.28, F.S. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, it was determined the facility failed to follow appropriate discharge methods and procedures when they felt a resident no longer met the criteria for continued residency. It was determined the facility failed failed to allow Residents transferred to hospital due to medical conditions to return to the facility, until a new health assessment was first performed. Not allowing a resident to return to the facility after a short hospital stay without first obtaining a new health assessment violated the due process rights of at least 1 of 3 sampled residents (Resident # 1) who went to the hospital after falling at the facility. This action also contradicted the facility's own discharge policy dated related to . The findings included:	A 011		

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A 011	Continued From page 1 Resident #1 a [redacted] adult moved in to the facility's memory care unit on [redacted]. On [redacted], records review revealed that Resident #1sustained an unwitnessed [redacted] which necessitated that Resident #1 be transferred to the hospital for a higher level of care. However, after Resident #1 was cleared by the hospital staff to return to the facility on [redacted], the facility's Director of Nursing (DON) objected claiming that their facility must obtain an updated health assessment prior to accepting the return of Resident #1 to the facility. The Hospital staff reported to the facility that the resident was cleared to return, yet the facility's DON insisted that they needed to have their own health assessment performed before accepting Resident #1 to return to the facility. Although the DON's decision was contrary to the facility's discharge policy, the hospital still waited for the DON to show up for the assessment, but she did not show up. Consequently, on [redacted], Resident #1's family member demanded that the Resident be brought [redacted] to the facility.. Review of the facility's policy on [redacted] documented that "All residents will be subjected to a medical evaluation for witnessed and unwitnessed [redacted]. Residents with [redacted] that hit their [redacted] must be sent out to the hospital.... Resident in assisted living (AL) that refuses to go to the hospital after with injury must sign refusal of medical treatment. There was no stipulation in the policy that Residents must be screened at the treatment site (hospital) before being allowed to return to the facility, in that case, their homes. In order words, there was no stipulation in the policy that Resident would not be allowed to return to the facility until a new health assessment was completed. Therefore, not allowing Resident #1's timely return to the facility constituted a violation	A 011		

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A 011	Continued From page 2 of the Resident's right for appropriate discharge. The Administrator agreed with the findings and provided no additional information during the exit meeting. Class III	A 011		
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 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	A 030		

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A 030	Continued From page 3 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 ; 6. Administrative and housekeeping schedules and requirements; 7. 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 . (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	A 030		

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A 030	Continued From page 4 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 . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, 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	A 030		

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A 030	Continued From page 5 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 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	A 030		

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A 030	Continued From page 6 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 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	A 030		

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A 030	Continued From page 7 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 , 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 interview and record review, the facility failed to show evidence of a grievance log that documented grievance of at least 1 of 1 sampled Residents (Resident #12). Also, the facility failed to allow Residents transferred to hospital, due to medical conditions, to return to the facility, until a new health assessment was first performed. Not allowing a resident to return to the facility after a	A 030		

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A 030	Continued From page 8 short hospital stay without first obtaining a new health assessment violated the rights of at least 1 of 3 sampled residents (Resident # 1) to receive a 45-day notice before being discharged from the facility. The findings included: A) On . . . . . at 2:23 PM, the Executive Director was asked to provide evidence of the facility's grievance procedure. A grievance log was provided as evidence of the procedure the facility uses to receive Residents and their Representatives' grievances. Review of the grievance log showed that it had a few documented grievances. There were however no recorded grievances related to Resident #12. A review of additional documents showed that Resident #12's representative had filed multiple complaints with the former Administrator and former Director of Nursing of the facility. An interview with the current Executive Director (ED) on at 2:23 PM confirmed that she had received correspondence regarding grievances filed by Resident #12 Representative . The ED said that the former Executive Director had forwarded emails related to the Resident's complaints to her. The former Director of Nursing had also briefed her regarding Resident #12's grievances. The Executive Director said that she received the emails on . The ED also added that there was an initial email that was sent to the facility's Executive Director on . . . . However, none of the grievances were recorded in the grievance log. The ED said that she will correct that issue and she provided no additional information.	A 030		

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A 030	Continued From page 9 B) Resident #1 a adult moved in to the facility's memory care unit on . On , records review revealed that Resident #1sustained an unwitnessed which necessitated that Resident #1 be transferred to the hospital for a higher level of care. However, after Resident #1 was cleared by the hospital staff to return to the facility on , the facility's Director of Nursing (DON) objected claiming that their facility must obtain an updated health assessment prior to accepting the return of Resident #1 to the facility. The Hospital staff reported to the facility that the resident was cleared to return, yet the facility's DON insisted that they needed to have their own health assessment performed before accepting Resident #1 to return to the facility. Although the DON's decision was contrary to the facility's discharge policy, the hospital still waited for the DON to show up for the assessment, but she did not show up. Consequently, on , Resident #1's family member demanded that the Resident be brought to the facility.. Review of the facility's policy on documented that "All residents will be subjected to a medical evaluation for witnessed and unwitnessed . Residents with that hit their must be sent out to the hospital.... Resident in assisted living (AL) that refuses to go to the hospital after with injury must sign refusal of medical treatment. There was no stipulation in the policy that Residents must be screened at the treatment site (hospital) before being allowed to return to the facility, in that case, their homes. In order words, there was no stipulation in the policy that Resident would not be allowed to return to the facility until a new health assessment was completed. Therefore, not allowing Resident #1's	A 030		

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A 030	Continued From page 10 timely return to the facility constituted a violation of the Resident's right for appropriate discharge. This action also contradicted the facility's own discharge policy dated related to . The Administrator agreed with the findings and provided no additional information during the exit meeting. Class III	A 030		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c),	A 032		

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A 032	Continued From page 11 F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide adequate supervision to prevent elopement of 2 of 3 sampled resident	A 032		

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A 032	Continued From page 12 (Resident #6 & Resident #8). The findings included: A) On , at approximately 9:00pm, Resident #6, , , who resided in the memory care unit was observed outside of the memory care unit (MCU), after the fire alarm in the MCU of the facility was activated. A certified nursing assistant (CNA) staff of the facility who was interviewed after the incident by the Administration claimed that Resident #6 had pulled the fire alarm resulting in all exit doors of the MCU to be disarmed which facilitated Resident #6 to exit the building. Resident #6 was miraculously located outside near the exit door by a housekeeping staff who was disposing of refuse. The incident report did not specify the time Resident #6 was found outside. It was not clear how the CNA knew that Resident # 6 was the one who pulled the fire alarm, and why she did not intervene or prevented Resident #6 from exiting the building. Review of Resident #6's health assessment revealed that she was diagnosed of 's, and required supervision. Review of the staffing schedule for showed there were two employees (one CNA, one Med Tech) in the MCU, during the time of the incident at 9:00 PM. An interview with the Executive Director (ED) on at 2:45 PM proved that they to had difficulty understanding why the CNA did not intervene if she saw Resident #6 pulling the fire alarm. The ED said that it was an ongoing battle to obtain clear and detailed incident reports from	A 032		

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A 032	Continued From page 13 her employees. She said that they have conducted multiple in-services, but it is still a struggle. B) On at approximately 1:47AM, Resident #8 who resided in the facility's secure memory care unit (MCU) exited the main entrance of the MCU that leads into the assisted living section of the facility. Although the door in the MCU is alarmed, Resident #8 was able to walk nearly five hundred away from the MCU to the ALF porch and out of the ALF. Resident #8 walked through the ALF and was noticed sitting outside of the ALF main entrance on a bench by an employee. After a the skin check of the Resident revealed no issues or intact, Resident #8 was easily redirected to return into the community and into the secure memory care unit. A tour of the facility revealed that there were six exits in the memory care unit, three led directly to the community, two to the Courtyard of the MCU, and one led to the ALF which also potentially led to the community. However, all six exits are alarmed. Whenever one of the exit doors is opened, the alarms sound in the entire memory care unit. Resident #8 was admitted to the facility with the following diagnoses: Unspecified , Unspecified , Unspecified Essential (Primary) of . During an interview with the Executive Director, on at 9:16 AM, she expressed her disbelief and her concerns saying that she could not understand how Resident #8 could leave the memory care unit without any staff intervening	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969306	A. BUILDING: _____ B. WING _____	01/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 032	Continued From page 14 and intercepting him before he could reach the exterior of the assisted living facility. Meanwhile, no corrective actions were to date implemented to prevent occurrences of a similar episode. Class III	A 032		
A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but	A 160		

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A 160	Continued From page 15 intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . . . . . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related . . . . . , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter	A 160		

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A 160	Continued From page 16 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's . . . . . prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents to identify the whereabout of 3 of 3 residents (Resident #3, Resident #6 & Resident #7). The findings included: On at 9:30 AM, the Executive Director	A 160		

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A 160	Continued From page 17 (ED) was asked to provide the facility's Admission Transfer and Discharge log. After an hour, the ED provided a log that contained only a few names of residents discharged from the facility in 2021. The ED said on at approximately 1 hour later that they have write down the names of all discharge residents in the logbook. The Regional Operations Manager present during the conversation offered to write down the names and was able to add the names of all Residents discharged in the year 2023. However, the names of Residents discharged in 2022 was provided the next day or on . The ED said that they will from now on update the log and maintain an up-to-date record. Class	A 160		