

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911749	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/30/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRESERVE AT PALM AIRE (THE)

**3701 W MCNAB ROAD
POMPANO BEACH, FL 33069**

(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, Capacity Increase, Complaint (#2023006499, #2023012204) and Generator Monitoring survey was conducted on and at The Preserve at Palm Aire. The facility had deficiencies related to the Capacity Increase survey at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 152	Continued From page 1 event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that kitchen appliances were installed and in working order on the date(s) of survey. The Findings Include: In an interview with the Administrator on at 9:56 AM she stated they are requesting to increase their resident bed capacity from 167 beds to 190 licensed beds, for a capacity increase of 23 beds. On the surveyors were provided a tour by the Administrator and Memory Care Director of the area being requested to use for increasing their capacity. Observation of the location revealed it is located on the second floor of the "Bridges" building, which is as separate building attached by roofs covering the walkways connecting them. Observation of the second floor revealed the common areas, hallways, and resident rooms have been remodeled. Observation also revealed the remodeling of the dining room and kitchen have been completed. However, the kitchen area was observed to have cabinets, but no appliances (Stove, refrigerator, etc.).	A 152		

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A 152	Continued From page 2 In an interview with the Administrator and Memory Care Director on at 12:49 PM, the Administrator stated she was hoping for another week as they are finishing up the kitchen. In an interview with the Maintenance Director on at 12:11 PM he stated the architects didn't designate the space in the kitchen as being used for appliances, so they had to pull the appliances out, and place caps (covers) on the outlets. He stated the Electrical Plan has been approved and that corporate has it. A request was made to him for a copy. In an interview with the Maintenance Director at 12:40 PM he stated he spoke with the Administrator and was informed that what corporate had was an email stating everything had passed, but that they are still waiting for the official approval from the local County which she said should be received next week. There was no additional information provided during the survey. Class III	A 152		