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
	AL11969859	A. BUILDING: _____ B. WING _____	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING DELRAY BEACH	14100 VIA FLORA DELRAY BEACH, FL 33484

(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 survey (#2024004144 & #2024005175) and a Generator Monitoring survey were conducted on at Inspired Living Delray Beach. The facility had deficiencies at the time of the visit.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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A 010	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010		

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to monitor and determine the continued appropriateness of residence in this assisted living facility (ALF) for 1 out of 1 sampled residents (Resident #2). The findings included: On at 1:00 PM, the new Administrator stated during interview that she was not informed of the status of Resident #2's pressure injury. Resident #2 was observed at 1:30 PM on , in her upper extremities, seated upright in a high wheelchair. The resident was not able to be interviewed due to , and was unable to answer simple questions. The resident's private aid and Staff B were interviewed at this time and stated the resident was out of bed in the morning and did not go to bed until 4:00 PM. They confirmed that there was no turning and repositioning or toileting assistance schedule. Review of the resident's record revealed the following documentation of a left , pressure injury: a. Resident's representative reports transfer to rehab for treatment to left , b. Skilled Nursing Facility note , /injury to left , c. Progress Note non-healing to left , reported d. Admitted to hospice services e. Progress Note resident continues with hospice services to left , treated by hospice nurse 4 cm deep	A 010		

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A 010	Continued From page 5 f. . . . . Visit Note Report from hospice Registered Nurse (RN), " was healing and closing until a hydrocolloid . . . . was placed over the weekend a few weeks ago and macerated". Progress Note spoke to (resident's representative) about not progressing...she is not in agreement to move resident to another facility g. . . . . Visit Note Report . . . left , h. . . . . Progress Note . . . to left , unopened redness to right , A health assessment (AHCA Form 1823) conducted on . . . . . notes the resident did not have any pressure injuries. A subsequent assessment completed . . . . . has a " . . . , 3 or 4 pressure injury" documented. There was no documentation showing the date of onset ( ) of the pressure injury and monitoring for appropriateness and staging from that date with a new health assessment completed at the time. The assessments also note that the resident requires assistance with all activities of daily living (ADLs). During interview with the hospice RN at 1:00 PM on , she confirmed that the resident had a " . . . or 4" pressure injury on her left , at this time, and that turning and repositioning was an expectation for the Assisted Living Facility (ALF) staff. Review of the resident's record revealed a hospice Initial Integrated Plan of Care dated with no turning and repositioning noted or any signature of an ALF staff member to show coordination of the plan between hospice and the ALF. A plan of care for staff at the ALF to follow related to the resident's extensive care needs, with	A 010		

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A 010	Continued From page 6 interventions to prevent further . . . . . and to address care, could not be identified in this plan of care. The plan did not indicate additional care instructions for ALF staff to adhere to in order to prevent additional , or to enhance the healing of the current , ... Although Resident #2 was determined to be , ill and was admitted to hospice with a start of care date on . . . . . , the resident's extensive care needs with a nonhealing or 4 pressure injury deemed this resident inappropriate for continued residency at this ALF. The resident is able to remain at the ALF if hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility, and documentation of this is maintained in the resident's record. These findings were discussed with the Administrator on at 3:00 PM. There was insufficient documentation indicating the coordination and provision of care and services by ALF staff in conjunction with hospice to ensure continued residency, specifically a turning and repositioning schedule. The facility provided no additional information for review at this time. Class III	A 010		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of . . . . . or	A 025		

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A 025	Continued From page 7 or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case	A 025		

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A 025	Continued From page 8 manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide adequate prevention by following their policy and procedure for incident reporting, affecting 1 out of 2 sampled residents (Residents #1). The findings included: The facility's Incident Investigation Process policy and procedure, modified , states: a. All incidents or unusual occurrences at the Community will be documented in a timely manner and appropriate action taken according to established procedures and State regulations. b. The Executive Director will assure that all incidents have been investigated, necessary reports are completed, and specified timelines are followed according to state regulations. c. The Health and Wellness Director will ensure Incident Reports are completed and ensure necessary interventions. Incidents may include the following: . . d. Community accidents and incidents require an investigation to determine the cause of the event, and a conclusion and actions or interventions to prevent recurrence. Documentation of incidents	A 025		

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A 025	Continued From page 9 and accidents are completed electronically. e. The investigation process includes: 1. Review of the incident report 2. Review of staffing schedule and assignments 3. Review of surveillance camera video 4. Resident, associate and witness interviews and statements 5. Community policy and procedure review 6. Observations of the incident/accident location and immediate environment 7. Inspection of equipment 8. Review of resident clinical records 9. Review of resident medication and care orders 10. Review of resident records and consultation with the Regional support team f. The final component of an investigation is the conclusion: A statement that determines the reason for the incident or documentation indicating the ability to determine the cause and indication of the probability of cause. The conclusion also reflects the follow up plan of action which may include; associate training, follow up with the resident's health care provider, scheduling a service plan meeting with the resident/responsible party or recommendation for RDO and additional follow up. Review of Resident #1's record on revealed the following: 1. Encounter date, hospital record shows resident diagnosed with ( ) and likely subacute L2 , with TLSO brace for to be applied when out of bed 2. Incident Report completed for in the dining room at 7:15 AM with walker involved 3. Hospital record shows arrival at 9:44 AM for injury of , hematoma,	A 025		

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A 025	Continued From page 10 During interview with the resident's representative at 1:50 PM on . . . . . , she stated that the resident had on , and due to the facility staff not ensuring that the resident was using her walker. She also stated that the facility staff were not applying the resident's brace since as intructed on the hospital discharge instructions. Staff reportedly said the resident took it off. The representative stated the resident will take it off, and purchased a softer brace to encourage the resident to keep it on. A request was made to the Administrator on at 1:00 PM for any documentation related to investigations for this resident. There was one Incident Report available for review, for the occurring on . . . . . There were no steps to prevent reoccurrence listed. On a Progress Note dated . . . . . , "frequent rounding and make sure resident has proper footwear on during ambulation" was listed as an intervention for this . There were no resident centered specific interventions with measurable outcomes that were initiated after the resident's , such as checking to see if the walker was operating properly, ensuring that the resident's walker was being used at the time of the , or providing supervision by a staff member in the dining room if residents are able to congregate there in the mornings. These findings were reviewed with the Administrator on . . . . . at 3:00 PM. The facility provided no additional information for review at the time of the survey. Class III	A 025		

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A 030	Continued From page 11	A 030		
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 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	A 030		

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A 030	Continued From page 12 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 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	A 030		

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A 030	Continued From page 13 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 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	A 030		

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	AL11969859	A. BUILDING: _____ B. WING _____	04/18/2024

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A 030	Continued From page 14 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 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.	A 030		

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A 030	Continued From page 15 (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 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.	A 030		

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A 030	Continued From page 16 429.27 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 record review and interviews, the facility failed to implement their written grievance procedure and ensure that it allowed residents to recommend changes to the facility policies and procedures for 2 out of 2 sampled residents (Residents #1 & #5). The findings included: The facility's Grievance policy and procedure notes that the policy will be posted in a conspicuous location with the Regional Director/Vice President of Operations name and contact information with it. The procedure for grievances documents that the forms are available at the concierge desk and from	A 030		

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A 030	Continued From page 17 community associates, and that the Executive Director (ED)/Designee will review grievances, conduct investigations appropriately and respond to the resident responsible party within five (5) business days of the resolution. It notes that the ED/Designee will maintain a monthly grievance log. Review of the Grievance Log showed no grievances documented from . . . . through the current date ( ). On . . . . at 12:45 PM, the concierge attendant and current ED (Administrator) were asked where the Grievance policy and procedure was posted and where the forms for filling out a grievance were located at the front desk. There was no posting available and the forms were located in a binder in a cabinet across the foyer from the concierge desk. 1. On at 1:30 PM, the representative for Resident #1 stated during interview that the resident had three times since and the facility staff were supposed to be reminding her to use her walker and wear a brace since . . . . . She stated that she had spoken to staff about her concerns, and staff had stated that the resident is noncompliant. She had obtained a softer brace for the resident but stated this was not applied on this date ( ). During interview with the Administrator on . . . . at 3:00 PM , she confirmed that the representative was not satisifed with the care at the facility and was moving the resident out. 2. On at 10:30 AM, Resident #5's representative stated during interview that the resident's hair was not washed again when the resident received shower assistance from staff on . The resident was interviewed at this	A 030		

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A 030	Continued From page 18 time and stated that she had not had her hair washed with her shower and that she did not remember when she had her hair washed last. During review of the shower assistance schedule and assignments, it was realized that this resident was not on the schedule for shower assistance located in the employee break room. During interview with Staff A on at 3:30 PM, she confirmed that she had given the resident a shower but had not washed her hair since she doesn't wash residents' hair unless they request it. She stated that she knew the resident was to receive showere assistance on Mondays and Thursdays since this was posted on the of her door. Review of the bathing schedule assignment on the electronic system shows Staff A was marking that she completed "bathing" but no indication of the staff member assigned to "wash hair". During interview with the Administrator on at 3:00 PM, these findings were discussed. It is unknown what resolutions were attempted in the past for these residents' representatives concerns as they were not entered into the Grievance Log or addressed in writing from the previous administration. The facility provided no additional information for review at this time. Class III Review of the Resident Council Meeting minutes documented monthly for , through , had no documentation of specific questions or answers for residents that were related to call bell response time. The previous year's documentation of concerns and responses included "room to room sheets for resident council", but had none present for recent months	A 030		

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A 030	Continued From page 19 (since ,). There were no meeting minutes documented for . The facility had been and currently is limiting large social gatherings and spacing among residents due to the pandemic. Residents are occasionally in their rooms when a resident or staff member tests positive for the COVID . a. On at 9:27 AM, Resident #10 stated that staff did not respond "at all" to the call bell when activated. The resident stated that he had not filed a complaint. This resident was unable to leave the room without assistance and had to be propelled by staff in a wheelchair. He received all meals in his room and had no family that visited. At 9:28 AM, the resident's call bell was activated by this writer. At 9:53 AM, the Resident Care Director (RCD) entered the room and stated she was checking on the resident, but stated she was not aware of the call bell that had been activated. The call bell was disactivated by this writer at this time. The RCD stated the assigned staff member was Staff A, and that the staff member should have received the resident's room number on her pager so that she could respond. If she was unable to respond for any reason, she was to contact another staff member by walkie talkie to assist the resident. During interview with Staff A at 10:50 AM, she stated that she was aware of the resident's call bell activation, and had not responded or contacted another staff member to assist the resident. She stated that Staff F was assigned to Resident #10 until 11:00 AM on this date. During interview with Staff F at 11:00 AM on , she stated she had not responded to the call bell and had not attempted to get assistance from another staff member for this resident.	A 030		

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A 030	Continued From page 20 During interview with the Administrator at 11:15 AM, she stated that the staff were expected to respond to call bells within 15 to 20 minutes upon activation. The computerized response time for call bells on . . .. . . was then reviewed with this writer. On , the call bell response times showed that Resident #10 had activated the call bell earlier this morning at 12:14 AM, but the call bell was not deactivated until 2:10 AM. b. During review of the computerized call bell response time log, it was revealed that Resident #6 had activated the call bell on . .. . . at 9:30 AM and a response was not noted until 10:07 AM. On at 11:30 AM, Resident #6 stated during interview that she remembered calling for assistance and that "something good eventually happened", but was unable to recall details of when this occurred. Resident #6 was reported to be by Staff C during interview on . . . . .. at 12:35 PM. c. During interview with Resident #11's representative on . . . . . at 12:19 PM, the representative stated they had notified the front desk employee (Staff G) on Sunday . . . . . that the resident's call bell was not responded to timely on an unknown date within the previous week. Staff G reportedly stated that there was a phone number to call if the call bell was not anwered timely, and provided the number for the representative to log into the resident's contacts on the resident's phone. During interview with Staff G at 1:00 PM on . . . . . , he stated that he did not recall speaking to any representative for a resident that did not have their call bell answered timely while at work on . During interview with the Administrator at 1:15 PM on , she stated that she did not receive any	A 030		

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A 030	Continued From page 21 notification from Staff G or from the resident's representative that the resident's call bell had not been answered timely. There was no documentation of this grievance in the Grievance Log or on a Grievance Form. There was insufficient evidence to show the facility was encouraging or enabling residents to present grievances who had or , , or for isolation reasons were not exiting their rooms. Class III	A 030		
A 033	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently	A 033		

Agency for Health Care Administration

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A 033	Continued From page 22 remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure consent and a health care provider's order were obtained for the use of side rails for 1 out of 1 sampled residents (Resident #3). The findings included: On at 2:15 PM, the Health and Wellness Director stated during interview that Resident #3 had side rails on her bed that were used. Observation of the resident's bed at this time revealed full side rails on the bed (one large side rail on each side), with one rail up. During review of the resident's record, no health care provider's order or consent from the resident's representative for side rail use were found. The resident was admitted to hospice on . . . . . . The facility provided no additional information for review at this time. Class	A 033		