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
	AL11965856	A. BUILDING: _____ B. WING _____	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALM MANOR ALF (THE)	6609 SW 20TH STREET MIRAMAR, FL 33023

(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 and Generator Monitoring survey was conducted on [redacted] at Palm Manor ALF (The). The facility had deficiencies related to the Relicensure at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must	A 026		

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A 026	Continued From page 1 be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to encourage Residents to participate in social, recreational, educational and other activities within the facility and the community. This statue or rule is not met as evidenced by 4 out of 5 (#1, #2, #4, #5) sampled residents. The findings include: On Resident Interviews for 4 out of 5 sampled residents revealed that Residents #1, #2, #4 and #5 could not state what activities are conducted in the facility. On . . . . . This surveyor entered the facility at 9AM and exited the facility at 4PM and at no time were any activities observed for the Residents. On document review revealed the facility activity calendar posted in the main area of the facility was dated . (Photographic evidence) On . . . . . during an interview with Staff B it was revealed she did not have an activity calendar for the current month. Class	A 026		

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A 054	Continued From page 2	A 054		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain a daily medication observation record for 1 of 3 sampled residents who received assistance with self-administration	A 054		

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A 054	Continued From page 3 of medications (#1, #2 & #5). Findings: Review of resident #1's 1823 dated [redacted] indicated the resident's diagnoses included [redacted] FFpEF, NYHA Stage C, [redacted] aneurysm w/o [redacted], Chemo [redacted] in remission, [redacted] condyloma s/p [redacted] lower extremity [redacted] suspected lymphedema, [redacted] and low [redacted], History of PE/ on lifelong [redacted], current smoker. On [redacted] review of the resident's medication observation record (MOR) revealed it failed to be immediately updated at the time a medication is offered or administered and include a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. On [redacted] during an interview with Staff B she acknowledged Resident #1's 8PM doses of [redacted] were not documented on [redacted] and [redacted] on Resident #1's (MOR). Staff B stated she does not know why staff failed to record any missed dosages on the residents (MOR). On [redacted] review of website WebMD revealed the medication [redacted] is used to treat high [redacted] and [redacted]. It is also used after a [redacted] to improve the chance of survival if your [redacted] is not pumping well. Lowering high [redacted] helps prevent [redacted], and [redacted] problems. Review of the Resident's [redacted] MOR	A 054		

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A 054	Continued From page 4 revealed Resident #1's [illegible] was available. Class	A 054		
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 [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [illegible] 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 event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

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A 152	Continued From page 5 (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, interviews, and record reviews the facility failed to provide a safe living environment that was free of hazards for all residents, by ensuring all architectural and structural systems were maintained in good working order. Findings Included: On in an observation of the exterior of the facility it was revealed the front porch entrance to the facility has numerous broken tiles. Photographic evidence. On in an observation of the exterior of the facility it was revealed the facility has debris piled up in the rear of the facility with access by Residents. Debris includes a toilet bowl, washing machine, broken box spring and three red 5-gallon gas containers. Photographic evidence. Class III	A 152		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum,	A 161		

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A 161	Continued From page 6 documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to	A 161		

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A 161	Continued From page 7 residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain and provide personnel records for 1 of 2 Staff sampled (Staff C) which contains, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements. The findings included: On . . . . . in an interview with Staff C she stated that she worked and . . . . on the 11PM to 7AM shift and was the only staff member working. She stated that she has not received any training from the facility as of the time of this survey. On this surveyor requested to review Staff C's employee file. The following was noted. a) It was revealed the facility had no evidence of documentation of a copy of the employment application, with references furnished for Staff C. b) It was revealed the facility had no documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., for Staff C. Therefore, the facility was unable to provide proof that Staff C had adequate training to perform his/her duties as	A 161		

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A 161	Continued From page 8 a Caregiver. c) It was revealed the facility had no documentation of compliance for Staff C with copies of all licenses or certifications for staff providing services that require licensing or certification. d) It was revealed the facility had no documentation of compliance with level 2 background screening for staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., for Staff C. On In an interview with Staff B she stated she was informed by the Administrator that she was in charge in her absence during this survey. Staff B contacted the Administrator by telephone and the Administrator stated she will obtain the required documentation for staff C when she returns. Class III	A 161		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, it was determined that 1 of 2 employees (Staff C) a caregiver, was not registered in the Background Screening Clearing House before beginning employment and providing care and services to 5 of 5 sampled residents (Residents #1, #2, #3, #4, #5). The findings included: On at 9:00 AM, Staff B opened the facility's door to allow this writer to conduct a relicensure and generator monitoring survey. Interview with Staff C revealed that she was a new employee and has only been working at the facility for two days. She also stated she works the night shift, and informed this surveyor that she worked the 7pm to 7am shifts on and . Staff C stated she did not have a background screening completed and the Administrator was going to take care of it.	CZ814		

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CZ814	Continued From page 2 On , during a tour of the facilitiy, five residents were observed at the facility. During brief interviews conducted with all five residents, they confirmed that Staff C was a new employee of the facility who provided care and services to them. On . . . . . , Review of the State of Florida Clearinghouse website revealed that Staff C was not listed as having a valid background screening. On Interview with Staff B stated she could not locate any employment documentation for Staff C. Staff B did call the Administrator Staff A on the telephone and relayed to this surveyor that the Administrator will be preparing Staff C's employment chart when she returns. Unclassified	CZ814		
CZ841	408.823( ) FS In-person Visitation (1) This section applies to , ... centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include	CZ841		

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CZ841	Continued From page 3 . . . . control and education policies for visitors; screening, personal protective equipment, and other . . . . . control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any . . . . . or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing	CZ841		

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CZ841	Continued From page 4 emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on observation and record review the provider failed to meet the Florida State regulation requirements in their policy and procedure on visitation. The facilities policy and procedure failed to include in-person visitation guidelines. The Findings Include:	CZ841		

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PALM MANOR ALF (THE)	6609 SW 20TH STREET MIRAMAR, FL 33023

(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
CZ841	Continued From page 5 A review of the facility visitation policy on revealed the following concerns. a) The policy failed to to address visitation in end-of-life situations. b) The facilities written policy failed to address visitation for a resident, client, or patient who was living with family before being admitted to the provider's care and is struggling with the change in environment and lack of in-person family support. c) The facilities written policy failed to address visitation in the event the resident, client, or patient is making one or more major medical decisions. d) The facilities written policy failed to address visitation when a resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently e) The facilities written policy failed to address visitation when a resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. f) The facilities written policy failed to address visitation when a resident, client, or patient who used to talk and interact with others is seldom speaking. On in an interview with the staff member in charge, Staff B, she acknowledged she was not aware the visitation policy needed to be updated to meet the Florida State requirements and will inform the Administrator.	CZ841		

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
	AL11965856	A. BUILDING: _____ B. WING _____	04/15/2024

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CZ841	Continued From page 6 Class	CZ841		