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
	AL11942934	A. BUILDING: _____ B. WING _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT POMPANO BEACH LLC	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

(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 (#2024007612) was conducted on . . . . . at The Residence at Pompano Beach LLC. The facility had deficiencies identified at the time of the survey.	A 000		
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	A 030		

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A 030	Continued From page 1 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 must be, at a minimum, a readily accessible telephone on each floor of each building where	A 030		

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A 030	Continued From page 2 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 [redacted] 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	A 030		

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A 030	Continued From page 3 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 resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4	A 030		

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 resident for presenting grievances or for exercising any other resident right. The facility

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A 030	Continued From page 5 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 record review, observation and interview, the facility failed to post the telephone number for lodging complaints against a facility or facility staff and must be posted in full view in a common area accessible to all residents. It was determined that the facility failed to provide a 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 failed to be	A 030		

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A 030	Continued From page 6 able to demonstrate that such a procedure is implemented upon receipt of a complaint. The Finding Include: On at 9:47am during a tour of the facility there was no evidence observed for a posting of the Long term care Ombudsman program, 1(888)831-0404. On at 9:47am during a tour of the facility there was no evidence observed for a posting of the , Rights Florida, 1(800)342-0823. On at 9:47am during a tour of the facility there was no evidence observed for a posting of the Agency Consumer Hotline 1(888)419-3456. On at 9:47am during a tour of the facility there was no evidence observed for a posting of the statewide toll-free telephone number of the Florida Hotline 1(800)96- or 1(800)962-2873. On at 10:00am Interview with Resident #2 she explained she was looking to move to another facility and when asked if she had communicated with the Ombudsman for assistance, she stated "No she was not aware of the Ombudsman program. When asked if she saw the information posted in the facility, she stated, "She had not seen any information posted in the facility". On at 10:55am interview with Resident #10 he was asked if he had contacted the Ombudsman program to assist with his discharge to return home. The Resident stated he	A 030		

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A 030	Continued From page 7 was unaware of the Ombudsman Program services and did not know the contact information. When asked if he saw the information posted in the facility, he stated, "he had not seen any information posted in the facility". On at 10:55am interview with the Administrator, she stated she thought this information was posted by the telephone, observation of the telephone area no evidence observed. The Administrator confirmed that the required information was not posted. There was no posted information at the time of survey. Review of the facility's grievance policy and log shows no grievances documented for 2024. The log contained 9 complaints made in 2023 with no complaints regarding pest control. . . . . . 10:10AM interview with Resident #4 revealed he has made several complaints to the maintenance staff regarding roaches in his room. The surveyor observed a can of Raid (insect spray) wedged in his front door keeping the door open. Resident stated he buys his own bug spray and sprays for roaches himself. On . . . . . 12:45PM, an interview with Resident #11 revealed she complained about her AC not working in , of 2024. She stated the maintenance staff did look at it and said they need to replace it. She stated she went for several weeks in , with no AC. She also stated in the middle of , of 2024 that she reported to staff that she has roaches in her room. Later that day a staff member dropped off a can of Raid to her. She has not seen any remediation by staff or the exterminator.	A 030		

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A 030	Continued From page 8 Record review of exterminator Truly Nolan's log revealed there was no entry that Resident #11's or Resident #4's room were serviced as of the date of the survey. Record review of The Residence at Pompano Beach Assisted Living Facility work order system revealed there is no documented process to receive, track or resolution of a Resident complaint. On at 2:45PM in an interview with Maintenance Director(Staff C) he revealed the facility has no documentation of requests or resolution of Resident #11 or Resident #4's complaint for maintenance. On observation of Residents clothes being hung on racks and over bushes located in the rear courtyard of the facility to dry. No identification of which Residents clothes belonged to which Residents was observed. On at 11:10AM interview with the Housekeeper (Staff D) she stated the dryers have been broken for several months and the Administrator and Maintenance Director are aware that she must hang the Residents clothes and linens on racks and drape them over the bushes located in the rear courtyard of the facility to dry. She also stated it is difficult to keep track and return the Residents personal clothes and linens to each Resident. Photographic evidence obtained. On at 9:47am during a tour of the facility there was no evidence observed for a posting of the Ombudsman program 1(888)831-0404.	A 030		

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A 030	Continued From page 9 On . . . . . 3:40PM Interview with the Administrator stated she is aware of the need for follow up and documentation of Resident grievances and will follow up with her corporate office and confirmed that the required information for lodging complaints against a facility or facility staff was not posted. There was no posted information at the time of survey. Class III	A 030		
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	A 152		

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A 152	Continued From page 10 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. (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, record review and interviews, the facility failed to maintain a safe and decent living environment, free of hazards and ensure all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: On Observation found facility dryers utilized to dry Residents clothes and bedding to not be operational. On at 11:10AM interview with the housekeeper (Staff D) she stated the dryers have been broken for several months and the Administrator - Staff A and Maintenance Director - Staff C have been notified by her and are aware of the situation. (Photographic evidence obtained). On at 11:15AM observation made of floor moldings throughout the facility having peeling paint and scuff marks as well as multiple	A 152		

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A 152	Continued From page 11 doors to Resident rooms ( ) are damaged. (Photographic evidence obtained). On 3:45PM interview of Maintenance Director Staff C revealed the dryers have been broken for several months and e-mail requests have been made to his corporate liaison with no resolution. The Maintenance Director was unable to show dates of work order requests. No documentation regarding any maintenance requests could be supplied at the time of the survey. On at 11:25 AM Observation found resident outdoor common area located in the rear of the facility to have many cigarette butts and papers strewn around the sitting area. Residents were observed sitting on the bench and chairs with cigarette butts and other debris on the floor around them. The exterior of the facility has construction debris piled up which appears to be there for an extended period. Observation of the dining room area revealed a broken piece of the wall. (Photographic evidence obtained). On at 11:45AM Observation of thermostat in Resident dining room area revealed a room temperature of 86 degrees. It appears the AC is not working in this part of the building. Photographic evidence obtained. On at 2:45PM in an interview with Maintenance Director - Staff C he revealed the AC has not been working properly in the Residents dining area and he has requested through his corporate office approval to call an AC vendor to correct the condition. Neither the Maintenance Director nor Administrator could give a status of the repair needed. No documentation regarding this request could be	A 152		

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A 152	Continued From page 12 supplied at the time of the survey. On [redacted] at 3:00PM observation of the thermostat in Resident dining room area revealed a room temperature of 87 degrees. On [redacted] 3:40PM Interview with the Administrator stated she is aware of the need for new dryers and the need for AC repair in the Dining room and other building repairs and will follow up with her corporate office. Class III	A 152		
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 [redacted]; and,	A 160		

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A 160	Continued From page 13 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 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	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942934	A. BUILDING: _____ B. WING _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT POMPANO BEACH LLC	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

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A 160	Continued From page 14	A 160		

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 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 record review and interview the facility failed to maintain a complete up-to-date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942934	A. BUILDING: _____ B. WING _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT POMPANO BEACH LLC	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

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A 160	Continued From page 15 admission and discharge log. Findings Include. On . . . . . at 10:30AM the Administrator provided the facilities current admission / discharge log for review. (Photographic evidence obtained) On at 11:30AM a review of the Facilities admission/ discharge log pages had listed 5 admission entries and 3 discharge entries for the dates of . . . . . to . . . . . . On . . . . . at 11:30AM a review of the admission/discharge log revealed that 5 out of 5 resident admission entries were incomplete and failed to include documentation on the facility or place from which the resident was admitted, or any documentation indicating if the resident was admitted with any . . . . . (s). On . . . . . at 11:30AM It was revealed that 3 out of 3 resident discharge entries were incomplete and failed to include the reason for discharge, and identification of the facility or home address to which the resident was discharged to. On at 12:20PM an interview via telephone with Resident #1's family member confirmed that resident #1 was discharged on . . . . . with her Niece, who brought her to the Nieces home residence. On during an interview with The Administrator confirmed that Resident #1's Niece did remove her from the facility on . On at 3:00PM during the Exit	A 160		

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
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A 160	Continued From page 16 Conference with the Administrator she stated she was aware the information for Resident #1was not included on the admission/discharge log and confirmed there were incomplete entries for 3 of 3 Residents listed on the admission/discharge log at time of survey. Class III	A 160		