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
	AL11969089	A. BUILDING: _____ B. WING _____	06/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR TERRACE COOPER CITY	2580 PINE ISLAND RD COOPER CITY, FL 33024

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Licensure Complaint survey, number 2024007474, was conducted on [redacted] at Arbor Terrace Cooper City. The facility had deficiencies at the time of the survey.	A 000		
A 076	59A-36.009 FAC [redacted] ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005.	A 076		

AHCA Form 3020-0001

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

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A 076	Continued From page 1 (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , staff trained in , , ( ) or a health care provider present in the facility, may withhold (and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on review of policy and procedure, record review and interview, the facility failed to ensure that it provided the Resident or their Representative with a copy of the Department of	A 076		

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A 076	Continued From page 2 Health (DH) Form 1896, Florida ( ) Form, at the time of admission to the Assisted Living Facility (ALF) for 1 of 3 sampled residents reviewed (Resident #1). The findings included: Review of facility licensed nurse job description on at 3 PM provided by the Director of Nursing (DON) dated , documented Purpose of your Job Position: Resident Care. Job Summary: The Licensed Practical Nurse/Registered Nurse (LPN/RN) will also assist the Resident Care Director in overseeing all Resident care. Essential Functions and Responsibilities: ...3. Maintain Residents' health record, which include documentation with regard to changes in health condition ....9. Assess and monitor all Residents' health status continually. Investigate any concerns from Residents regarding their health and well-being; follow-up with Physician's and/or Resident Care Director as appropriate ....11. Perform nursing duties as permitted by state Assisted Living Facility regulations .... Review of the facility policy and procedure on at 3:11 PM titled, - Florida provided by the DON last review date (s) and , documented in the Policy Statement: It is the policy of the Community to acknowledge and activate a Resident's ( ) in the event a Resident becomes unresponsive. Policy: 1. At the time of move-in, each Resident is provided with a copy of form SCHS- "Health Care Advance Directives - The Patients Right to Decide" in their move-in packet. 2. Information regarding the policy is provided as well as Form 1896 for their review	A 076		

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A 076	Continued From page 3 .....8. It is the Supervisor's responsibility to identify whether the Resident has an active ..... Resident #1 was admitted to the facility on ..... , with her husband with diagnoses which include: ..... . Resident #1's signed and witnessed "private" Advanced Directive and Living Will dated ..... documented ...Every competent adult has ...the freedom to accept or refuse medical treatment. When you are well, you can talk with your Physician and family to make your wishes known ...For all of the following six (6) "possible treatments" questions: 1) Do you want efforts to be made to ..... you if your ..... stops beating? 2) If you are unable to breathe on your own, do you want a mechanical breathing machine to be used? 3) If your ..... fail, do you want ..... ? 4) Do you want any surgery, even if it is life-saving? 5) Do you want other medications ...which may prolong your life? 6) And, do you want food and water given to you through tubes in your veins, ... or ..... ? The Resident clearly designated, "no" in each box of the above sections of the form under three (3) different situation categories: A) ..... Condition, B) Progressive illness or ..... condition and C) Persistent vegetative state. And, also designated Resident #1's Husband as her primary surrogate for healthcare decisions and Resident #1's daughter as her alternate surrogate. Record review revealed that there were several discrepancies noted in the Resident's file, that had not been addressed/clarified, nor taken into consideration, to include the following: 1) an "original" ..... sheet dated ..... with the ALF	A 076		

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A 076	Continued From page 4 name of The Sheraton at Cooper City, which indicated that Resident #1's order was: Full Code with a Living Will. 2) a "second" sheet which did not include a Code status with the ALF name of Arbor Terrace Cooper City. 3) Resident #1's "private" Durable Family Power of Attorney and General Affidavit both dated listed her Husband 1st, her son 2nd and her daughter 3rd, as Attorney in Fact. 4) Resident #1's "un-signed" Health Care Advanced Directives documentation as part of the signed contract with the ALF name of The Sheraton at Cooper City under the "old" Senior Lifestyle Management Company. And, finally 5) Resident #1's Assisted Living Residency Agreement dated with the ALF name of The Sheraton at Cooper City which contained an Advanced Directives section with the signature of Resident #1's son. An interview was conducted on at 2:32 PM with Staff A, a Licensed Practical Nurse (LPN), who was called into Resident #1's room to assist on Sunday at 5:31 PM PM shift, in which she acknowledged and revealed that Resident #1's private duty aide told her Resident #1 had a and that Resident #1's daughter was going to bring it in, on her way. Staff A also said that Resident #1's daughter told the private duty aide, while on the phone, that Resident #1 had a . An interview was conducted on at 3:28 PM with Staff B, an LPN, who was the primary nurse working with Resident #1 on Sunday at 5:31 PM on the PM shift, in which she also acknowledged and revealed that Resident #1's private duty aide was on the phone with Resident#1's daughter, whom she said was adamant that there was a for this resident.	A 076		

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A 076	Continued From page 5 On at 2:29 PM, interview, as well as record review with the Administrator revealed that Resident #1 was admitted on , to The Sheraton at Cooper City ALF under the "old" Senior Life Style Management company. However, when the "new" Management company Arbor Terrace took over on , , the facility was still honoring/following the "previous" Resident agreement. They provided both the information regarding the , as well as the Form 1896, in the Resident's move-in packet for their review, as was required under the "new" Arbor Terrace Management company and policy change. A side-by-side record review was conducted with the DON of a "blank" yellow facility copy of the DH 1896 form, which is signed by a Resident's Physician, which indicated that the Resident's Physician directs the withholding or withdrawing of , , (, , , and) from the Patient in the event of the Patient's or , , There was no documented evidence or other supporting documentation on file of any follow-up efforts made by the facility to clarify the discrepancy between the Resident's previous Advance Directive, and her current "full" code status recorded on the Resident's sheet. Nor, were there any additional notes in the record to indicate whether or not a DH Form 1896, had been executed, for this Resident. In summary, as evidenced by the Resident's documented Advanced Directives paperwork, on file, which called for "no life-saving interventions	A 076		

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A 076	Continued From page 6 to be done," along with commentary by both the Resident's own private duty aide, and by the Resident's daughter reiterated to two (2) of the facility staff nurses and then subsequently re-layed to this Surveyor during the survey, all indicated that the resident had a . . . . . wish/desire, in place. The DON further recognized and acknowledged that on at 4:09 PM, that there were Advanced Directives on file for this Resident which read, "no life-saving interventions," to be done. However, the DON went on to say that there was no "Physician ordered," on file, to "match, or be in conjunction" with the Resident's Advance Directive wish for , nor was there additional documentation to corroborate efforts to obtain, secure or clarify such. The DON also added that if they have a "blank" form that they can provide to the Resident, they will do so; this was not done. Class III	A 076		