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 |
|---|---|---|---|
| | AL11970196 | A. BUILDING: _____ B. WING _____ | 07/02/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PALM BEACH MEMORY CARE | 639 US HWY 1 NORTH PALM BEACH, FL 33408 |

| (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 |
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| A 000 | Initial Comments<br><br>An unannounced licensure Complaint (#2024008699) and Generator Monitoring survey was conducted on and at Palm Beach Memory Care. The facility had deficiencies related to the Complaint #2024008699 at the time of the survey. | A 000 | | |
| A 025 | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or , , 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.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: | A 025 | | |

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| A 025 | Continued From page 1<br><br>(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(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.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to provide supervision/or maintain general awareness of residents to ensure their health, safety and well-being of one (1) of fourteen (14) residents sampled/or reviewed (Resident #1).<br><br>The Findings Include:<br><br>On at 9:07 AM a request was made to the facility's Business Office Manager (designated to assist this surveyor by the Regional Director of Operations/Acting Administrator), for the facility's supervision policy. | A 025 | | |

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| A 025 | Continued From page 2<br><br>This surveyor was provided with the facility's Policy & Procedure Emergency Situations and Evening/Night Checks on Residents documents dated (copies obtained). A review of both documents revealed they do not address the general day-to-day supervision/monitoring/or observation of residents.<br><br>A review of the Resident #1's Progress Notes revealed an entry dated at 2:11 PM documenting the following: Around 11: 45 AM resident was noted lying outside on one of the garden benches and looking flushed/suntanned/hot to touch. Resident was escorted inside and given cool water to drink and cool compress applied to / / / areas. Resident was alert/responsive and denied , . Resident was given cool shower and Resident rested in bed and at lunchtime . . . Resident ate lunch and tolerated, and skin looked normal as before, resident remained alert and responsive. Daughter made aware via phone and while visiting and stated that resident did same at home. Resident in bed resting alert/responsive and denies , at this time. Continue to monitor.<br><br>A review of the AccuWeather website at: WWW.accuweather.com documented the outside temperature on , at 11:00 AM (day and time Resident #1 is said to have been found outside) as 88 degrees, with a humidity index of 82%.<br><br>A review of Resident #1's Health Assessment, AHCA Form 1823 dated documented her diagnosis which included . . . . . Unspecified. Severe with agitation, Major . . . . . It also documented her . . . . . status as Significate | A 025 | | |

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| A 025 | Continued From page 3<br>. And her physical/sensory limitations as unsteady gait.<br><br>On at 9:58 AM and 1:17 PM observation was made by this surveyor of the Glades Courtyard- located at the South end of the building, were Resident #1 was said to have been found. There is a single impact glass door that leads to the outside. Observation revealed there are two tables/chairs, Gazebo with two cushioned benches at each, and some vegetation/walk path. There is a camera in the ceiling by the door that captures video of activity in the large open activity/TV area that separates the two courtyards. The camera also captures the door leading to the other courtyard. The courtyard is surrounded by building walls on all sides. There was no covering (roof, canopy, umbrella, etc.) observed that would provide shading from direct heat from the sun.<br><br>In an interview with Staff D, MedTech at 11:13 AM, she stated the Resident likes to lay in her bed. She stated she will get up to eat, but always wants to lay down. She stated she will go outside, but wherever she is, she wants to lay down, so she will find a place to do so. She also stated they do not let them go out too long because it is hot. And lately, they don't let them go out too often because of the weather. She stated she is unaware of her being left outside at any time.<br><br>In an interview with Staff C, Health & Wellness Director (HWD), and Administrator on at 11:14 AM, the HWD stated the Resident was in the courtyard for approximately 30 minutes, not 3 hours as reported/or rumored. She stated she responded and examined the resident. She was sun-tanned, but her temperature wasn't overly high, and she and another staff member cooled | A 025 | | |

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| A 025 | Continued From page 4<br><br>her down, contacted the family and the doctor to inform them of the incident. She further stated the resident did not require going to the hospital, and she was fine a little later. She also stated the Resident was not accompanied as they do not go out into the courtyard with them because it is secure.<br><br>A review of the documentation provided, and interviews conducted did not document or provided information to determine the actual amount of time Resident #1 was unattended in the courtyard. No other documentation or information was provided during the survey.<br><br>Class III | A 025 | | |
| A 054 | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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:<br>1. The name of the resident and any known [illegible] the resident may have;<br>2. The name of the resident's health care | A 054 | | |

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| A 054 | Continued From page 5<br><br>provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(c) For medications that serve as chemical [redacted], 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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and interview the facility failed to document Resident Medication Observation Records (MOR) to accurately reflect medications given, not given, or refused for four (4) of fourteen (14) Residents reviewed or sampled (Residents 3, 4, 6 and 7).<br><br>The Findings Include:<br><br>A review of the facility's Medication Management Storage and Disposal policies and procedures revealed their Medication Record policy, which documented the following:<br><br>For Residents who receive assistance with self-administration or medication administration, the facility shall maintain a daily Medication Observation Record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record (MOR) must include the name of the resident and any known [redacted] that the resident may have; the name of the resident's health care provider, the health | A 054 | | |

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| A 054 | Continued From page 6<br><br>care provider's telephone number; the name of each medication prescribed, the strength, and directions for use; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The medication observation record (MOR) must be immediately updated each time the medication is offered or administered (copy obtained).<br><br>On [redacted] at 12:28 PM an observation was conducted with Staff D, MedTech during her assistance with medication for Resident #14. The observation revealed dashes in the electronic Medication Observation Record (MOR). This surveyor asked Staff D to explain what the dashes were for, and she stated she needed to ask Staff C, Health & Wellness Director (HWD) for clarification.<br><br>In an interview with Staff C, HWD and Administrator, Staff A on [redacted] at 11:14 AM the HWD stated an asterisks (*) on the MORs means it wasn't documented. This surveyor requested (randomly) the MORs for Residents 3, 4, 6, and 7, which was provided.<br><br>A review of Resident #3's Medication Observation Record (MOR) for [redacted] revealed dashes or asterisks for medications not provided/documented as being given which included the following:<br><br>-Lodipine [redacted] Oral Tablet 10 MG on [redacted]<br>- [redacted] 500MGVIT D3 400IU T on [redacted]<br>- [redacted] HCl Oral Tablet 10 MG on [redacted]<br>- [redacted] Oral Tablet 20 MG on [redacted]<br>- [redacted] Oral Tablet 12.5 MG on | A 054 | | |

Agency for Health Care Administration

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| A 054 | Continued From page 7<br><br>- HCl Oral tablet 10 MG on and<br>- HCl Oral Tablet 500 MG on<br>- Oral Tablet 0.25 MG on and<br><br>A review of Resident #4's Medication Observation Record (MOR) for revealed dashes or asterisks for medications not provided/documented as being given which included the following:<br><br>- HCl Oral Tablet 10 MG on and<br>- Oral Tablet 5 MG on and<br>- Oral Tablet 1 MG on<br>- Oral Tablet 3 MG on and<br>- Oral Tablet 15 MG on and<br>- Oral tablet 0.5 MG on and<br><br>A review of Resident #6's Medication Observation Record (MOR) for and revealed dashes or asterisks for medications not provided/documented as being given which included the following:<br><br>- HCl Oral tablet 50 MG on and<br>- HCl Oral Tablet 50 MG on (AM/PM), (AM/PM), (PM), (AM/PM), | A 054 | | |

Agency for Health Care Administration

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| A 054 | Continued From page 8<br><br>- 1000 MCG Tab on ,<br>, , , ,<br>,<br><br>A review of Resident #7's Medication Observation Record (MOR) for , revealed dashes or asterisks for medications not provided/documented as being given which included the following:<br><br>, Relief Suspension 50 MCG/ACT on (AM), (PM), (PM), (AM/PM), (AM/PM), /204 (PM), (AM/PM), (AM/PM), (AM/PM), (AM/PM, (PM),<br>- , Fumurate Oral Tablet 50 MG on (PM), (PM), (PM).<br>Oral Tablet 1 MG on ,<br>, , , ,<br>.<br>- HCl Oral Tablet 50 MG (AM/PM), (AM/PM), (AM), (AM/PM), (PM), (PM), (PM), (AM/PM), (AM/PM), (AM/PM), (PM), (AM/PM).<br>- , Fumurate Oral Tablet 50 MG on /202<br><br>In an interview with the Health & Wellness Director (HWD), Staff C and Staff D, MedTech on at 12:39 PM the HWD stated the dashes on the MORs was a "hole" Meaning the medication was not given. This surveyor asked if there was a comment section that may have explained why the medication was not given, and she stated you are not able to do so in their | A 054 | | |

Agency for Health Care Administration

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| A 054 | Continued From page 9<br><br>electronic MOR system. She further stated as with the pink asterisk seen earlier in our MOR review (which means not documented) it wasn't given.<br><br>During the Exit Conference on at 1:23 PM with the Regional Director of Operations, Administrator Catherine Raymond and Health & Wellness Director, the Regional Director of Operation acknowledged the findings and stated they have made great improvement with assisting the Residents with their medications.<br><br>Class III | A 054 | | |

Agency for Health Care Administration

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| CZ830 | 408.821 FS Emergency Management Planning<br><br>408.821 Emergency management planning; emergency operations; inactive license.-<br>(1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows:<br>(a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.<br>(b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.<br>(c) Submit necessary plan revisions within 30 days after notification that plan revisions are required.<br>(d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health.<br>(2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.<br>(3)(a) An inactive license may be issued to a licensee subject to this section when the provider | CZ830 | | |

Agency for Health Care Administration

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| CZ830 | Continued From page 1<br><br>is located in a geographic area in which a state of emergency was declared by the Governor if the provider:<br>1. Suffered damage to its operation during the state of emergency.<br>2. Is currently licensed.<br>3. Does not have a provisional license.<br>4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.<br>(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes.<br><br>(4) . . . Licensees providing residential or inpatient services must utilize an online database | CZ830 | | |

Agency for Health Care Administration

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| CZ830 | Continued From page 2<br><br>approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was timely submitted and up to date/or approved by the Local County Emergency Management Division.<br><br>The Findings Include:<br><br>In an interview with the facility's Business Office Manager on a request was made for the facility's Comprehensive Emergency Management Plan (CEMP) letter. She took a note and stated she would look for it.<br><br>In an interview with the Regional Director of Operations on at 10:06 AM, he was informed that a request was made to the Business Office Manager for the facility's CEMP.<br><br>In an interview with the Business Office Manager on at 9:07 AM, she was reminded that a request was made for the CEMP approval and was needed for review.<br><br>On at 10: 37 AM the Business Office Manager (BOM) provided this surveyor with the facility's approved Emergency Environmental Control Plan (EECP) letter dated , with an approval.<br><br>In an interview with Business Office Manager and the Director of Environmental Services on at 10:49 AM, they were explained that | CZ830 | | |

Agency for Health Care Administration

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| PALM BEACH MEMORY CARE | 639 US HWY 1 NORTH PALM BEACH, FL 33408 |

| (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 |
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| CZ830 | Continued From page 3<br><br>the CEMP looks just like the EECP letter (they provided) but would state Comprehensive Emergency Management Plan (CEMP) instead. This surveyor also explained that it is to be submitted to the County for approval on an annual basis. They stated they would go look for it.<br><br>In an interview with the Regional Director of Operations on at 11:41 AM, he stated he reached out to the home office person, and they reached out to the local County representative to see where it is in the process. He stated the previous Administrator went through the required class, but that was before he came. No recent approval or documentation of their renewal submission was provided during the survey.<br><br>Class III | CZ830 | | |