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
	AL11969283	A. BUILDING: _____ B. WING _____	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARBOR AT LAKE WORTH	9130 HYPOLUXO RD LAKE WORTH, FL 33467

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A 000	Initial Comments An unannounced Change Of Ownership (CHOW) survey, Complaint survey (#2023012499, #2023014143, #2023014233, #2024001154 & #2024001971), and a Generator Monitoring survey were conducted on at The Arbor At Lake Worth formally known as Mariposa. The facility had deficiencies related to the Relicensure Survey and Complaint #2023012499 identified 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.	A 010		

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A 010	Continued From page 1 (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, 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	A 010		

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A 010	Continued From page 2 placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (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	A 010		

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A 010	Continued From page 3 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, 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,	A 010		

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A 010	Continued From page 4 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 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined that the facility failed to develop and implement an interdisciplinary care plan with hospice that ensures the provision of additional care that a resident with a pressure injury requires to continue residency at an Assisted Living Facility (ALF) for 1 of 1 sampled resident (Resident #7). The findings included: Resident #7 was observed laying on his in bed with a private aide present in his room on at 10:30 AM. The resident was not able to be interviewed due to . During interview with the resident's representative on at 11:00 AM, she stated that the resident had a pressure injury on his heel and that a private aide was with the resident daily to assist with the resident's care needs. On , the resident's most recent health assessment (AHCA Form 1823) on file dated was reviewed. The assessment documented that the resident required "assistance" with grooming (self-care), , bathing, ambulation and toileting. The resident's diagnoses included 's . The resident was also listed as having , , unsteady gait, and required special precautions. The inquiry as to whether or not the resident had pressure injuries was marked "no". There were no subsequent health assessment	A 010		

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A 010	Continued From page 5	A 010		

available for review at the facility on that were completed as a result of a significant change, a or worse pressure injury on or admission to hospice on .

The facility's progress notes were reviewed on , and documented the following:

a. No open .
b. Private aide states there is a growth on the resident's left heel that was not present yesterday
c. care , ...states left heel
d. care , ... left heel...recommend floating heel to prevent further
e. Skin check sheets by care staff a small on his left upper ...hospice knows about it. New left , .
f. Left , resolved
g. Onsite consultant's note stated...New , noted to right fold. Night aide please position resident on his left side. Please have resident positioned as frequently as possible from the to the left side. Keep resident off right side as much as possible
h. Will continue to reposition every 2 hours
i. Onsite consultant's note states
j. (Nurse) from (hospice) note states care provided this visit. left heel, right , right ,

Review of the HHA (home health agency) plan of care starting documents "instructed caregiver and ALF (assisted living facility) staff in measures to prevent and

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A 010	Continued From page 6 ˬ of left heel. RN demonstrated how to offload heel to caregiver". Review of the APRN (Advanced Practical Registered Nurse) notes show that on it was documented, "No , in place. (APRN) spoke to (HHA representative) who will pick up a , and Tubigrip Size "F" for the left lower . (APRN) emphasized the importance of ˬ the heels when in and out of bed". Review of the hospice plan of care available at the facility on revealed no interventions specific to the resident's needs for prevention or healing of the current pressure injuries. The hospice Initial Integrated Plan of Care dated that was available for review at the facility noted "Facility and hospice nurse to observe and assess integumentary status for early identification of complications (include specifics for care if applicable). will be identified and measures to resolve breakdown implemented promptly". The facility emailed a subsequent hospice Initial Integrated Plan of Care dated (new admission) on at 11:30 AM that noted the same interventions. In the email received, a hospice Plan of Care Update Report documented the left heel pressure injury as " ˬ " on . A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the resident receives services from hospice that coordinates and ensures the provision of any additional care and services that the resident may need based on a care plan that is developed and implemented with specific services being provided by hospice and	A 010		

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A 010	Continued From page 7 those being provided by the facility indicated. Documentation of the additional services must be maintained in the resident's file. Resident #7 was inappropriate for ALF residency, but was able to remain at the facility with a plan of care implemented by the facility and hospice to address the additional care needs. However, the plan of care available at the facility did not address the resident's current pressure injury care to be provided by the facility staff, with documentation in the resident's file to show the provision of the additional care. There was no documentation on the plan of care and no records to show the implementation of turning and repositioning, a and of the resident's heels that were required to prevent and to promote healing of the . The facility provided no additional information for review at the time of the survey. Class III	A 010		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to provide adequate prevention interventions as needed for 1 out of 3 sampled residents (Resident #11) who required assistance with activities of daily living (ADLs).	A 028		

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A 028	Continued From page 8 The findings included: Review of Resident #11's closed record revealed a health assessment (AHCA Form 1823) dated that notes the resident uses a walker and requires "assistance with toileting". A Service Description form dated indicates the resident needs assistance to the bathroom, assistance with removing clothing or products and reapplying, assistance on to the toilet and with personal cleaning, and has increasing difficulty with tasks or safety. Review of documentation of the resident's completed by the facility after each shows the following: a. Incident Report (no time;): Resident reported that while he was attempting to go from sitting to standing position he lost his balance and ....Resident then went to his kitchenette and called for his girlfriend...they called for staff assistance...resident sustained a to his temple...transported to (the hospital). Plan to prevent reoccurrence: Resident encouraged to ask staff for assistance as needed. b. Progress Note : Resident has no complaints of , post . c. Progress Note : Resident has no complaints of , or discomfort post . d. Progress Note : Per Emergency Department...resident is still receiving treatment... e. Progress Note : Resident returned ...post . Resident has approximately 9 stitches to forehead. (this note coincides with Incident Report above at "a.") f. Progress Note : (Name of home health agency/HHA) nurse here to start care, resident	A 028		

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A 028	Continued From page 9 will receive (, , , ,)... g. Progress Note (no time): Front desk alerted that (resident) needed help. Second floor staff was busy at the time. (Writer) went to the apartment and the resident was on the floor. I (writer) called for some help from the care staff and resident said he wanted to be picked up and did not go to the hospital. He said he wasn't hurt. Resident was not sent to the hospital and does not have any injuries at this time. No medical treatment was necessary. Care continues. /MD made aware. There was no incident report available for review, with interventions to prevent reoccurrence noted. h. Progress Note 0/ (no time): Per care staff, (name of employee) alerted staff on the radio that (resident) is on the dining room floor. Another care staff was busy so (writer) observed the resident on the floor. Resident stated he would like to be picked up. Care staff took the resident's vital signs and administered first aid. There was no incident report available for review, with interventions to prevent reoccurrence noted. Additional progress notes show the following: a. Progress Note : Resident reported care staff on the shift scratched him with her on his right while trying to reset his pendant causing and . Resident stated he asked care staff not to reset his pendant until after care was given. As per resident, care staff proceded anyway to reset his pendant. b. Progress Note : (Resident) verbalized anger with community resources. Frustrated with inability to communicate with management at "all levels". Reports not receiving assistance with showering while paying for daily showers. Reports response time exceeding 30 minutes	A 028		

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A 028	Continued From page 10 when call button is deployed. Resident has been "doing his laundry" due to several missing items of clothing... c. Progress Note : Resident was brought down to dining room by friend (name). (Friend) wanted to borrow a wheelchair as resident was not able to use scooter. Wheelchair was given... Based on the incident report and notes, thorough investigations into why the resident was falling were not completed. Appropriate interventions such as scheduled toileting assistance, checking to ensure the call bell was operating and responded to timely, a , , , referral for strengthening in 2023, and whether or not his walker was used or in need of repair were not documented as measurable prevention strategies. The Administrator was notified of these findings at 2:30 PM on . The facility provided no additional information for review at the time of the survey. Class III	A 028		