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
	AL11969347	A. BUILDING: _____ B. WING _____	11/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEGANCE AT LAKE WORTH	9948 WOODWIND LANE LAKE WORTH, FL 33467

(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 Limited Nursing Services (LNS) Monitoring survey was conducted on at Elegance at Lake Worth. The facility had licensure deficiencies 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. (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	A 010		

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A 010	Continued From page 1 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 placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (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 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	A 010		

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A 010	Continued From page 3 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, 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.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to follow regulatory admission criteria for appropriate continued residency. As evidenced by the facility readmitting 1 of 1 sampled residents, Resident #1 with an of the heel. The findings include: In an observation of Resident #1 in the facility memory care unit on at approximately 11:00 AM the resident was sitting in a chair and was observed with wrap type bandages on both lower extremities. In an interview at that time with the Director of Nursing (DON), she stated that Resident #1 has a left heel and numerous weeping skin on both lower extremities. She stated that care orders and treatments are performed by the 3rd party provider, Home Health Agency nurses. Review of Resident #1's Health Assessment form dated indicated that the resident had medical history to include and . The form indicated the resident is a risk and required assistance with activities of daily living. Further review of the form indicated that the resident had no on that date. Review of the facility electronic nursing progress notes from indicated that Resident #1 and hit his . The resident was sent to the hospital for evaluation and then transferred to a rehabilitation center. Further review of the progress notes dated indicated the resident returned to the facility. On readmission,	A 010		

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A 010	Continued From page 5 the resident was assessed to have lower extremity , a was in place and no were noted. The resident was noted to have multiple areas of , on upper and lower extremities. The note further indicated that the Home Health Agency nurse practitioner was notified to complete a skin assessment. Review of the nurse practitioner's assessment dated indicated that Resident #1 had been discharged from a rehabilitation facility with a , to the left heel and had fluid leaking from skin areas due to pitting . The heel measurement was 3 cm x 6 cm, with noted and tissue, and draining copious amounts of bloody . care was ordered 2 x week to be performed by the Home Health Agency nurse,to include cleansing the with , applying xeroform to the leaking skin areas, foam to the left heel and to wrap both of the resident's with gauze and roll bandage from to . In an interview with the Assistant Director of Nursing (ADON) on at approximately 12:00 PM he stated he had conducted the readmission assessment on for Resident #1 and he was unaware of the , on the left heel. The ADON stated that the rehabilitation center had not informed him of the resident's skin condition. He stated that the facility nurse on duty notified the nurse practitioner about concerns after readmission. Review of the facility 3rd party provider communication form dated indicated care was completed to the left heel and	A 010		

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A 010	Continued From page 6 lower extremities as ordered. The form indicated no signs of in the . In an interview with the DON and ADON on at approximately 12:15 PM they stated that the facility's 3rd party provider policy requires all providers to complete the facility's post treatment communication form which alerts the nursing staff of treatment observations, concerns or changes with the resident care. The DON stated she reviews the communication forms and then documents the treatment notes into the resident's facility electronic medical record. Review of Resident #1's electronic medical record revealed no facility progress notes for the Home Health nurse's visit on . The DON stated that she was out of the facility during that time. In an interview with the Administrator,DON and ADON on at approximately 12:45 PM they confirmed that Resident #1 should not have been readmitted to the facility since the resident did not meet the continued residency admission criteria with an . They stated that there was a breakdown in the facility's readmission processes. Class III	A 010		