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
	AL11968725	A. BUILDING: _____ B. WING _____	10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN LIFE ASSISTED LIVING	840 SW 8TH STREET 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 Relicensure with Limited Mental Health (LMH), Complaint (#2023007454 and #2023010264) and Generator Monitoring survey was conducted on and at Green Life Assisted Living. The facility had deficiencies related to the Relicensure and Complaint #2023010264 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,	A 030		

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A 030	Continued From page 1 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents 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	A 030		

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A 030	Continued From page 2 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where 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 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	A 030		

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A 030	Continued From page 3 representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as 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	A 030		

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A 030	Continued From page 4 representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with 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	A 030		

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A 030	Continued From page 5 retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility 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 and Interview the facility failed to honor residents' rights by providing a procedure for receiving and responding to resident complaints for four (4) of twelve (12) Residents interviewed (#2, #12, #18, #21). And to provide easy egress/ingress of resident rooms as for resident in wheelchairs to	A 030		

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A 030	Continued From page 6 access their personal space (living quarters). And to provide/or assist with the securing of an assistive device for three (3) of three (3) Residents interviewed/or reviewed (Resident 2, 5 and 21). The Findings Includes: On a review of the facility's Grievance Policy provided the surveyors by the Administrator was conducted. Review of the policy revealed the following 1. It is the policy of the community that grievances and/or concerns are addressed in a timely manner. 2. Resident or family member are encouraged to address the grievance/concern with the Executive Director. 3. The Executive Director will complete the complaint resolution/grievance procedure with the Resident/family member present. 4. Respond to Resident within 72 hours of initial complaint. 5. Document in the complaint log. 6. If not satisfied with the resolution provide Green Life corporate telephone number and encourage to call. a)During interview with Resident #2 on at 10:05 AM, he stated that he has complained numerous times over the past few weeks about the location of his walker. He has a wheelchair but also had a walker at his previous facility. He stated he has also complained about being bit by bed bugs. He stated no staff member informed him of any resolution. In addition Resident #2 stated to the surveyor that he has been at the facility for eight (8) months	A 030		

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A 030	Continued From page 7 and has continually asked for a walker to assist him in ambulating. He stated he has a wheelchair, but could better navigate with a walker, but no one ever gets to him. He stated the facility is dirty and needs lots of repairs. During interview with Resident #12 on at 11:50 AM he stated she has complained several times last month and more recently to the Administrator regarding the unprofessional treatment she receives from one of the staff members. She stated the problem still exists and to date the Administrator has not informed her of any resolution. b) During an interview with Resident #18 on at 10:30 AM,he stated he has complained several times over the past few months to staff and to the Administrator regarding his clothes being missing. He has also complained to the maintenance staff that his room needs to be painted. He stated the problem still exists and to date the Administrator has not informed him of any resolution. c) During an interview with Resident #21 on at 9:50 AM, he stated he has complained several times since he arrived a few weeks ago that his wheelchair has difficulty fitting through the frame of his door to his room. He stated the problem still exists and staff often help him get through the door frame. He states he has spoken to the Administrator and to date he has not been informed of a resolution. In an interview with Resident #21 on at 9:50 AM he stated to the surveyor that his wheelchair does not fit smoothly into his room, and he has complained to the Administrator, but nothing is done. He stated the bathroom next to	A 030		

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A 030	Continued From page 8 his room does not accommodate a wheelchair, and that he has seen bedbugs and has complained to staff, but nothing gets done. He further stated he never heard from Administrator regarding his complaints he made a month or so ago. d) In an interview with Resident #5 on at 9:55 AM he stated to this surveyor that he has difficulty getting his wheelchair in and out of his room due to the width of the door. He stated he has informed administration of the problem, but nothing has been done to date. Record review of facility grievances log on revealed no grievances documented for Resident #2, #12, #18, or #21 from 2023 to time of survey. As such, the facility failed to follow grievance policy and was unable to demonstrate that such a procedure was implemented upon receipt of a complaint. During an interview on at 2:30 PM with the Administrator, it was revealed that she does maintain the grievance log and was not aware of any of the grievances by Residents #2, #12, #18 or #21. She stated that she will document all grievances as outlined in the facility policy and address the Residents' concerns. Class III	A 030		
A 036	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of	A 036		

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A 036	Continued From page 9 (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation and interview,revealed the facility failed to provide services in a manner that reduces the risk of transmission of for 3 out of 3 residents(Resident #22, #23, #25). Findings Include: Observations of Staff E (direct care) on while assisting resident #22, resident #23, resident #25, with medication administration, staff E failed to use any hygiene before, during or after assisting administering medications to resident #22. Staff E failed to use any hygiene before assisting administering	A 036		

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A 036	Continued From page 10 medications to resident #23. Staff E failed to use any hygiene before assisting administering medications to resident #25. In an interview with the Administrator on at 2:30 PM she was informed that staff E failed to use proper hygiene before during and after the medication passing to 3 of 3 residents. The Administrator stated that was not appropriate for their staff to not use appropriate hygiene during the passing of residents medications and will address with staff. Class III	A 036		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use	A 093		

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A 093	Continued From page 11 of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style	A 093		

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A 093	Continued From page 12 dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan	A 093		

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A 093	Continued From page 13 coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to prepare and serve therapeutic diets as ordered by the healthcare provider. The facility failed to provide regular and therapeutic menus as served, with substitutions noted before or when the meal is served. Facility failed to keep record of substitutions made to menu on file in the facility for 6 months. Findings Include: During serving of lunch on at 12:17 PM observed caregiver (Staff B) putting salad on the Residents plates using a pair of tongs. Interview on at 12:17 PM with Staff B revealed she doesn't know how much salad she is putting on the plate or what the amount on the menu requires. She stated she things she is putting 2 ounces of salad on each plate. Review of dietician approved menu for revealed the lunch being served should be: 1 ¼ cup of Shepard's pie (2oz meat) ⅛ cup mashed potatoes ½ cup peas and carrots 1 wheat roll with margarine ⅛ cup vanilla pudding. The lunch observed on was put onto plates by Staff B with no utensils utilized to measure serving sizes. Lunch served consisted of: 4 small meatballs on a hot dog (Staff B could not verify amount of meat being served) Small portion of lettuce (unmeasured)	A 093		

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	AL11968725	A. BUILDING: _____ B. WING _____	10/31/2024

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A 093	Continued From page 14 Small dish of vanilla pudding (unmeasured) Review of dietician approved menu on revealed the lunch being served should be: ¾ cup soup of the day 2oz ham sandwich on two slices of wheat bread 1 cup romaine lettuce salad with 1 banana 1 cup low fat milk The lunch observed on was put onto plates by Staff B with no utensils utilized to measure serving sizes. Lunch served consisted of: 2 oz of beef (Measured on scale) small portion of beans (unmeasured) small portion of shredded iceberg lettuce (unmeasured) small portion of vanilla pudding (unmeasured) one tortilla During an interview on at 2:30 PM with Administrator she stated the staff serving lunch should know how to measure portion sizes. She also understood the facility could not produce regular and therapeutic menus as served, with substitutions noted before or when the meal is served. She also understands substitutions must be kept on file in the facility for 6 months. Administrator could not produce any menus where items were substituted at time of survey. Class III	A 093		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 15 (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 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 and interview the facility	A 152		

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A 152	Continued From page 16 failed to provide/or maintain a clean safe living environment free of hazards and ensuring that all mechanical apparatuses were in working order (elevator). And to ensure the facility was free of bedbugs for 61 of 61 residents (Residents). The Findings Include: During a tour of the facility on and , the following concerns were identified: 1) During the tour of the facility on observation was made of the bathroom located in the main one-story building across from the medication room. Observation revealed broken tile at the entry, the door was rotted and split, and the wooden door frame was rotted (photo obtained). 2) Observation of the entry/exit door leading into the activity area of the one-story building revealed it was dirty, and the ground outside the door was dirty and the paint was worn and faded (Photo obtained). On observation was also made of the two-story building located on the Southeast section of the property, which revealed the following: 3) Observation was made of an uncovered electrical outlet on the outside wall of the two-story building located in the Southeast section of the property, under the window where Medications are provided to residents (photo obtained). 4) Observation of the entry/exit door revealed it was stained and the floors near it was dirty (photo obtained).	A 152		

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A 152	Continued From page 17 5) Observation of the bathroom by revealed it was dirty and had a loud smell. The seal on the toilet (at the base) appeared to be worn and rust-like substance surrounded it, and its bottom was dirty (Photo obtained). 6) Observation of the wooden baseboards on the first floor of the two-story building were observed to be rotted and dirty, door frames were rotted and stained, 7) Observation of the hallway closet door located by revealed it was dirty and the baseboards and walls by it were dirty and damaged (photo obtained). 8) Observation of the bathroom by revealed the door frames were rotted, the floor was dirty, there was no toilet paper, the paper holder insert was missing, there was no soap/sanitizer, or towels for drying (photo obtained). 9) Observation of the bathroom located by revealed there was no toilet paper, the paper holder insert was missing, there was no soap/sanitizer, or towels for drying . The automatic dryer mounted on the inside wall by the door was not working, the door strip was missing (photo obtained). 10) Observation of the bathroom located by revealed the automatic dryer was not working, there was no toilet paper, the paper holder insert was missing, there was no soap/sanitizer, or towels for drying , the inside door frame on the right side of the door was missing and exposed/protruding nails (photo obtained).	A 152		

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A 152	Continued From page 18 11) Observation of the bathroom located near revealed the toilet was dirty, the shower stall was dirty with hair-like matter on the floor of the stall, the insert on the toilet paper holder was missing, there was no toilet paper, towels, soap, and the automatic dryer mounted on the wall by the door was not working. The bathroom also had a loud -like smell (photo obtained). 12) The elevator located in an open area of the two-story building revealed the elevator which was not working and in dirty condition. In addition, there was no sign observed informing residents it was out-of-service or redirecting residents to use the stairs (Photos obtained). 13) Observation of the waiting area by the elevator on the first and second floor revealed the floors were dirty/stained, and the closet door was rotted (photos obtained). Observation of the interior of elevator revealed it was dirty with debris on the ground and spider webbing on the light fixture. 14) Observation of the outside stairwell revealed the stairs were dirty, had cigarette butts, and two (2) of the non-slip material had missing material, which could present a tripping hazard (photo obtained). 15) Observation was also made of live fowl (chickens) running around in the open area between the one-story and two-story buildings where residents sit and relax. As a result, residents are exposed to potential /illnesses the live fowl may be carrying (Video/photos obtained).	A 152		

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A 152	Continued From page 19 16) Relative to bedbugs, in an interview on at 9:50 PM with Resident #4 she stated she had bedbugs in her room. She stated staff cleans her room, but the bugs are still there. 17) In a confidential interview on at 12:16 PM with representatives from a state of Florida entity, they stated they were at the facility on a Bedbug investigation involving a Residentof the facility. They stated they observed live bedbugs on the of the resident during their interview. 18) In an interview with Resident #5 on at 9:55 AM he stated the bathroom in the two-story building by # was filthy and smelly, so he uses the bathroom located in the main building across from the nurse's station, next to the activity area. 190 In an interview with Resident #9 on at 11:10 AM she stated the bathroom adjacent to her room on the second floor of the two-story building was dirty and did not have toilet paper, soap, towels or any means of drying your . Class III	A 152		