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
	AL11910382	A. BUILDING: _____ B. WING _____	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MERIDIAN AT LANTANA	3061 DONNELLY DRIVE LANTANA, FL 33462

(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 (#2023012680, #2023013300, #2023015627, #2023016476, #2024003101, #2024011468) and Generator survey was conducted on [redacted] and [redacted] at The Meridian at Lantana. The facility had deficiencies related to the Complaint survey (#2024011468, 2023015627) at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (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 [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] 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	A 152		

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A 152	Continued From page 1 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 failed to ensure the timely removal/or repair of ceiling tiles to ensure potential harm had been abated. And ensure the facility was free of mold-like substances for 69 of 69 Residents (Residents) residing at the facility. The Findings Include: During tour of the facility on with the Administrator and Maintenance Director, observation was made of ceiling tiles throughout the hallways of the 2nd and 3rd floors of the Assisted Living (AL) section that were buckled. As a result of the buckling, the ceiling throughout the 2nd and 3rd floors present potential injury to residents should they on them. In an interview with the Administrator and Maintenance Director on , they stated they were not sure how it happened, but that the tiles may have been cut short, thereby causing the buckling. The Administrator stated they ordered and have boxes of ceiling tiles to replace them but have not begun the replacement. Additionally, observation was made of mildew-like substance on a picture hanging on the hallway	A 152		

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A 152	Continued From page 2 wall on the Assisted Living's third floor with a mildew-like substance (photo obtained). The Administrator and Maintenance Director acknowledged the substance and stated they would take care of it. Class III	A 152		
A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a	A 160		

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A 160	Continued From page 3 bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant	A 160		

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A 160	Continued From page 4 to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and observation the facility failed to make available Resident records for review during the survey for three (3) of Three (3) Residents requested (Residents 1, 2 and 3). The Findings Include: In an interview with the Administrator on	A 160		

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A 160	Continued From page 5 at 9:57 AM a request was made to the Administrator by this surveyor for the Resident records for Residents 1,2 and 3. He stated the facility did not have a Business Office Manager when he started a month ago, but has hired one which started today, but he would look for them. In an interview with the Administrator on at 1:38 PM he was reminded that the Resident records for Residents 1,2 ad 3 had not been provided. He proceeded to look through the lateral file cabinets in the Business Office room where this surveyor was working and was not able to find them. He then looked in the Independent Residents file cabinet as well, and did not see them. He then stated he would have to look for them in another place. In an interview with the Staff B, LPN on at 1:46 PM she stated she had come to assist with the survey and asked for the Residents names, which this surveyor provided. She stated she was not familiar with the names and looked through the lateral files in the Business Office where this surveyor was working and was unable to find them. In an interview with the Administrator and Staff B, LPN on at 3:19 PM, the Administrator stated that that there was a period of time when they had some Residents from another facility, but he wasn't sure how long. Staff B, LPN stated she has been at the facility for 1 year, and that some Residents came from (sister facility) that closed because of licensing, and they came to the facility for Respite. The Administrator stated he thinks the files for Residents #1, 2 and 3 that they could not locate may have been some of those who came temporarily.	A 160		

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A 160	Continued From page 6 In an interview with the Administrator on at 9:21 AM he was reminded that the Resident records requested the previous day for Residents 1, 2 and 3 had not been provided. He stated he was going into his meeting in 5 minutes and would speak with some of the staff that has been here for a while to see if they remember something about them. In an interview with the Administrator on at 10:49 AM he stated Residents 1, 2 and 3 came from another community that was closed and was only here for a short time. He stated he was going to access their system to locate any information he can concerning them. In an interview with the Administrator on at 12:12 PM he stated all he could find was a roster at the (sister sister) to cross-reference, and acknowledged they were not available. However, no filed were provided for Residents #1, 2 and 3 during the survey. Class	A 160		

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CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (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: (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. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (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. (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. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (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. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to timely submit/or request approval of their Comprehensive Emergency Management Plan (CEMP) the local Emergency Management Division. And to provide documentation of their Emergency Environmental Control Plan (EECP) as requested during the survey. The Findings Include: In an interview with the Administrator, Staff A on 0/28/2024 at 9:57 AM a request was made to for the facility's Comprehensive Emergency Management Plan (CEMP) and Emergency Environmental Control Plan (EECP) letter approval letters. He stated he would look for them. On at 11:33 AM the maintenance director provided their Comprehensive Emergency management Plan binder. A review of the binder did not reveal a CEMP or EECP letter. In an interview with the Administrator on at 1:21 PM he was informed that the Comprehensive Emergency Management Plan (CEMP) and Emergency Environmental Control Plan (EECP) letters were not in the binder he provided. He stated it may be on the desktop of the Administrator that was there before him, and left to go see if it was. In an interview with the Administrator on at 1:33 PM the Administrator provided	CZ830		

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CZ830	Continued From page 3 this surveyor a copy of their most recent Comprehensive Emergency Management Plan (CEMP) from the Local County Emergency Management Division dated , , , with an approval until , , (copy obtained). He stated: "the guts are here but it hasn't been done yet." In an interview with the Administrator on at 9:21 AM he presented this surveyor with a letter (from an electrical company) documenting the power source (generator) was sufficient to operate equipment necessary to maintain an indoor temperature. He was informed that the letter needed was the EECP, and that he may be able to contact the County Emergency Management Division to see if there is a previous approval. The EECP letter was provided; but a current/valid CEMP approval letter/or documentation of the request for renewal was not provided during the survey. Class III	CZ830		