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
	AL11966281	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL ELDER CARE	4533 BROOK DRIVE WEST PALM BEACH, FL 33417

(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 and Generator Monitoring survey was conducted on at Personal Elder Care . The facility had deficiencies related to the Relicensure identified at the time of the visit.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must	A 026		

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A 026	Continued From page 1 be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain an ongoing current activities program for 3 out of 3 sampled residents (Resident #1 and Resident #3). The findings included: During a tour of the facility, observation was made by this surveyor revealed the activities calendar posted on the wall near the dining room was not current, it was dated . The activity calendar is documented as follows: Sunday: from 9:00 AM - 10:00 AM Bible study 10:30 AM- 12:30 PM Religious Service and Gospel Music Monday: 1:00 PM- 3:00 PM Resident Choice of Movies Gunsmoke, Family Feud, Talk Show, ETC Tuesday: 12:30 PM - 3:30 PM Games of Residents Choices Cards, Boards Games, Checkers, Candy Land. Wednesday: 7:30 AM- 1:30 PM Resident Goes to Dunkin Donut, Penera Bread, Al Pan Restaurant Thursday: 9:00 AM - 12:30 PM Discuss Current Events, Sports, News if Residents Have Any. Friday: 9:00 AM - 12:30 PM Resident Walk to Publix or Dunkin Donut for their exercise all four	A 026		

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A 026	Continued From page 2 goes most of the time with the staff if the weather is not , will do something different as suggested by the resident. Saturday: 11:00 AM - 1:30 PM Resident goes out with their relatives or friends to the mall movies or eat out. If for some reason the weather is not good for the residents to participate in any of the above activities the residents make their own decision. Observations made by this surveyor on revealed no ongoing activities in the facility during the time of the survey. During an interview on between 8:45 AM and 4:00 PM with the Residents(Resident #1-#3) residing in the facility, they expressed no activities being conducted. During an interview with the Administrator on / 2025 between 8:45 AM and 4:00 PM, she stated that the residents refused to participate during activities. She also stated that she will not force them to do so. The Administrator acknowleged the findings at the time of the survey. Class III	A 026		
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	A 030		

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A 030	Continued From page 3 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, 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 , ;	A 030		

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A 030	Continued From page 4 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 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,	A 030		

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A 030	Continued From page 5 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 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	A 030		

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A 030	Continued From page 6 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 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	A 030		

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A 030	Continued From page 7 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 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	A 030		

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A 030	Continued From page 8 , 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, it was determined the facility failed to implement and follow an effective Grievance Procedure that demonstrated a system for receipt and resolution of all grievances of residents and/or their representatives. The findings included: Review of the facility's policy entitled, GRIEVANCE POLICY AND PROCEDURES PERSONAL ELDER CARE (undated) documented the following: 1) Provide care within an ethical framework and as established by law. 2) Allow the resident or his representative the right to voice or participate in any discussion concerning ethical issues and document such involvement. 3) Have facility staff including Administrator, Assistant Administrator, and resident's physician, resident's legal guardian, resident council representative, and selected other disciplines	A 030		

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A 030	Continued From page 9 participate in the consideration and resolution of ethical issues 4) Furnish staff with education regarding resident rights and freedoms, and the mechanisms available to assist them with consideration and resolution of ethical issues 5) Anyone may initiate consideration of an ethical issue by notifying the Administrator and /or Assistant Administrator, or resident council of a potential or actual concern. 6) The Administrator shall present the issue at a meeting of the appropriate parties as soon as possible. Minutes shall be kept of the meeting, and as appropriate, staff, the residents and other pertinent parties shall be advice in a manner appropriate to the individual's situation. During an interview on between 8:45AM and 4:00 PM with the Administrator, the facility's grievance policy was reviewed and discussed. The Administrator was requested to provide proof within the policy that demonstrates the process for receipt or resolution of grievances. She stated the policy does not demonstrate a process for receipt or resolution. She stated the facility has a grievance report form. At this time, she was asked to show within the policy that reference this form. She stated the form did not reflect in the grievance policy. She also stated she will revise the policy. The Administrator acknowledged the findings during the time of the survey. Class	A 030		

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A 152	Continued From page 10	A 152		
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 ˘ 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	A 152		

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A 152	Continued From page 11 be . This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined that the facility failed to maintain a safe and clean-living environment for the Residents residing in the facility. The findings included: During a tour of the facility on between 8:30 AM and 4:00 PM the following concerns were observed. (see photographic evidence): 1) Throughout the entire exterior of the facility, the wood sliding was observed deteriorating. The wood sliding noted to be broken, rotting, various arears with holes, peeling paint. 2) The wood panel along the roof edge noted to be deteriorating, evidence of broken and rotting wood. 3) The main entrance patio was covered in pollen, dust, dirt and spider webs. 4) The inside the facility was noted to be extremely stuffy and due to excessive amount of dust circulating in the facility. 5) The air conditioning vents located throughout the facility (residents' rooms, common area, kitchen, bathrooms, etc.) noted to be clogged with layers of dust and dark grime built up around the vent edges. 6) Observed, live and spider webs on the top ceiling and lower corner in the living room. 7) Observed live and spider webs on top of the ceiling and in the lower corners in # . 8) Bathroom #1 (located in #) was dirty with multiple dirt marks on the ground and the floors. Cabinet repairs noted to be incomplete with wood damage. Strong foul smell noted	A 152		

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A 152	Continued From page 12 throughout 9) Observed, excessive dried feces on the bathroom wall in # . 10) Observed, excessive dried feces on the bathroom door in # . 11) Observed, the bathroom surface in # with fecal matter and splattered throughout. 12) Observed, the bathtub in # was discolored with brown rust stains on the surface. 13) Oberved, the kitchen wall was bubbling due to water damage, cabinets observed with water damage, 14) Observed, water leak marks in the ceilings throughout the facility. 15) Observed, the patio of the facility was covered in pollen, dust and dirt. 16) Observed, the patio of the facility had live and spider webs. 17) Observed, part of the patio of the facility door screen patch was missing, screen torn in multiple locations. 18) # noted to be extremely dirty, floors and walls noted with various dirt markings and unknown substance marks. Curtain rod noted to be unsecured, sliding door frame noted to be dirty. During an Interview with the Administrator on Between 8:45 AM and 4:00 PM this survey discussed her findings regarding the physical appearance of the facility. The Administrator stated that the house/facility is a rental house and that the owner does not want to fix anything. She stated that she last spoke with the owner two years ago regarding repairs, but nothing has been done by the owner. She also stated that she will be the one that will pay someone to repair the house/facility. The Administrator further stated that she has been renting the house/facility for 21 years.	A 152		

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A 152	Continued From page 13 Class III	A 152		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in	A 162		

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	AL11966281	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL ELDER CARE	4533 BROOK DRIVE WEST PALM BEACH, FL 33417

(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 162	Continued From page 14 paragraph 59A-36.007(1)(f), F.A.C. (f) A ˘ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ˘ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ˘ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006,	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966281	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONAL ELDER CARE	4533 BROOK DRIVE WEST PALM BEACH, FL 33417

(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 162	Continued From page 15 2005, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020,	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 162	Continued From page 16 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: During a record review and interview, it was determined the facility failed to provide a readily available resident contract that reflects the current monthly rate for 1 out of 3 Residents The Findings Included: During a record review of the Residents contract agreement, it was revealed that Resident # 1 contract was missing the monthly rate amount. During an interview with the Administrator between 8:45 AM and 4 :00 PM, she stated that she does not know why she did not write the rental amount in Residents # 1 contract. No corrections were made. The Administrator acknowledged the findings at the time of the survey. Class III	A 162		