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
	AL11942934	A. BUILDING: _____ B. WING _____	R 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT POMPANO BEACH LLC	295 SW 4TH AVENUE 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 revisit to the Complaint survey, complaint numbers 2024007135 and 2024001707, was conduced on - at The Residence At Pompano Beach LLC. The facility corrected the previous cited deficiencies (A Z816, A 0008 and A 0093) and had uncorrected deficiencies (A 0054 and A 0152) related to the complaints surveys at the time of the survey.	{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	A 010		

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,

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A 010	Continued From page 4	A 010		

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 observation, record review and interview, it was determined that the facility failed to ensure residents were reassessed for continued residency upon significant health changes to ensure the resident met the criteria for continued residency and that the facility was capable of providing care and services based on the resident's needs and diagnosis for 2 out of 4 sample residents record reviewed (Resident's #5 and 6).

The findings included:

1)During a facility tour on at approximately 10:30 AM with Staff C (Medication Technician), Resident #5 was observed in her # sitting in a wheelchair leaning way forward. Staff called the resident name to get her attention and sit upright, Staff went over to the resident and assisted her to an upright position. Staff C informed the surveyor that the facility staff that provide care and services feed Resident #5 also provide total care with all related Activity of Daily Living (ADLs) such as ambulation, bathing, , eating, grooming, toileting, and transferring. At this time Staff C confirmed the resident receives total care with ADLs.

During an interview on at approximately 10: 35 AM, the surveyor attempted an interview with Resident #5, she was asked what care and services she is receiving from the facility staff. Resident #5 was nonverbal and did

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A 010	Continued From page 5 not answer the surveyor's question. At this time Staff C confirmed Resident #5 is nonverbal. During an interview on at approximately 1:30 PM with the Administrator, she was asked to provide Resident #5's file, containing health assessment, six months of progress notes, six months of medication administration records and documentation of any third-party services been provided. A record review of Resident #5's file revealed admission date of . Further review revealed Health Assessment form (AHCA 1823) dated documented medical history and diagnosis as , , ( ), , (high ,) ( ), Non- , ( ), , Gait instability. Physical or Sensory limitation documented resident uses wheelchair and ADLs as need assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. During an interview on at approximately 2:30 PM with Lead Caregiver (Lead shift CNA) she was asked what care and services are being provided to Resident #5 and at this time Lead Caregiver confirmed that the resident had recently declined and receives total care. 2)During an observation on at approximately 8:55 AM Resident #6 was in the common area (living room/lobby) she was observed ambulating with a rolling walker in the direction of the sitting area and struggling to balance. Further observation revealed Resident #6 was wearing a pair of navy blue and white	A 010		

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A 010	Continued From page 6 striped slip-on sneakers that were coming off the resident's . The surveyor observed he resident struggled to reach and sit on the sofa. Resident #6 sat on a grey sofa and began sleeping. Resident was wearing a black denim jacket, a grey t-shirt, grey sweatpants with blue and red writing and yellow lightning bolt designs. During an observation on at approximately 7:05 AM Resident #6 was observed sleeping on the same grey sofa, wrapped in a white bedsheet blanket and strong smell. Further observation at approximately 9:35 AM, Staff P (Medication Technician) was observed waking resident to perform a medication pass. During an interview on at approximately 9:55 AM with Resident#6, she was asked if she requires assistance with bathing and grooming and she stated facility staff assists her. During an observation on at approximately 1:13 PM the surveyor observed Resident #6 sleeping on the grey sofa, wearing the same clothes from the prior day, a strong smell was still present and flies were swarming around the resident. During an observation on at approximately 2:07 PM Resident #6 was still sleeping on the common area grey sofa and wearing the same clothes. During an interview on at approximately 5:00 PM with the Director of Wellness, she was informed to provide Resident #6's file. A review of Resident #6's file revealed a Health	A 010		

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A 010	Continued From page 7 Assessment dated , documenting the following diagnoses: due to the of the Right . Further review revealed a document titled 'Admission Observation' completed on by the facility's Director of Nursing, documented the resident had other diagnoses such as , ( ), , ( ), , and . During an interview on at approximately 6:30 PM with the Administrator and Director of Wellness they were both informed of the findings. No additional documentation was provided. Class III	A 010		
{A 054}	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:	{A 054}		

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{A 054}	Continued From page 8 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to maintain a daily Medication Observation Record (MOR) for each resident who receives assistance with self-administration of medication for residents that reside in the Assisted Living. The findings included: A review of the facility's Resident Agreement undated, page 22 documented as follows: 18. Medication The Residence at Pompano staff who will be providing assistance with self-administered medications are trained in six hours of training (Assistance with self-administered medication) prior to assuming this responsibility. Further review of the Resident's Agreement, page 28 documented as Mediation Policy revealed the following Documentation of medications: 1.Documentation should be completed on a MAR	{A 054}		

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{A 054}	Continued From page 9 sheet, either provided by the facility or by the pharmacy. 2.There should be no absence of days without explanation. A review of the employee job description for the Lead Med Tech documented as follows: Essential Duties: 1.Maintains accurate medication administration record. 8. Audit MARs weekly to ensure accuracy. During a tour conducted on and between 7:00 AM and 6:00 PM, the surveyors observed Staff C (Medication Technician) conducting a medication pass. During an interview on at approximately 8:15 AM with Staff C she was asked to provide MORs for review. She stated (for census of 153) the facility had no paper MORs for the month of and the electronic MOR is currently not working, there has been a problem with the computer program/application and the staff is unable to use the computer to document on electronic MORs. Staff C was asked if the Administrator and the facility Director of Wellness were aware of the medication pass not been documented on paper or electronic MORs and she stated "yes". This surveyor asked Staff C to show documentation on how the facility recorded, each time the medication was taken by each resident, missed dosages, refusals and or medication errors without a MOR. Staff C was also asked how they confirmed the accuracy of the medication for each resident without the MORs. She was unable to provide an answer. She confirmed the facility had no MORS for any of the residents (census 153).	{A 054}		

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{A 054}	Continued From page 10 During an interview on at approximately 10:54 AM with Staff D (Director of Wellness) she was informed to provide documentation of the MOR for the month of and at his time she confirmed the facility has no paper or electronic MORs to document medication passes. She stated the medication technicians are using MORs from , as a guide. Staff D was asked if the administrator was aware and she stated "yes". Staff stated that medication technicians are doing the best they can with what they have. During an interview on at approximately 11:46 AM with the Administrator she was informed of the findings mentioned above and she understands that the facility must maintain a daily Medication Observation Record for each resident who receives assistance with self-administration of medication. No additional documentation was provided. Class III Uncorrected	{A 054}		
{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	{A 152}		

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{A 152}	Continued From page 11 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 observations and interviews, the facility failed to provide a safe, clean and decent living environment free of safety hazards for residents that reside at the facility (Assisted Living and Memory Care Unit). The findings included: A review of the facility's Physical Plant Policy and Procedure undated, documented as follows:	{A 152}		

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{A 152}	Continued From page 12 Purpose: To promote and maintain an environment that is in good repair and dignified. The Work Order provides a tracking system to receive, assign and record the material used and work completion. The Physical Plant Form will act as a control tool in managing the physical and environmental status of the facility as well as identifying any plant risk. This policy prescribes the sequence of Physical Plant actions taken to assure consistent and timely response to facility service requirements and needs. Procedure: 1.Daily rounds will be conducted to identify any environmental or resident needs 4. The results of the Physical Plant rounds will be briefly discussed in the morning meeting on Tuesday with identification of any major risk, pest control needs, 5. The Executive Director will conduct a formal facility walk through every Friday to ensure all work orders have been addressed and completed as required and to ensure and validate the physical plant is in good repair and the residents needs are being met in a dignified environment. 7. All major concerns will be reported directly to the Regional Director. 8. All Physical Plants rounds will kept by the Executive Director in a binder for 2 months 9. Physical Plant rounds should go on with your morning meeting which assist you in remaining in compliance with state and federal regulations 10. Physical Plants rounds will serve as a quality assurance tool providing the Executive Director with a control mechanism in managing the community. Further review of the facility's records revealed a	{A 152}		

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{A 152}	Continued From page 13 copy of the Physical Plant Rounds form (photographic evidence was obtained) During a tour conducted on and between 7:00 AM and 6:00 PM, the surveyors observed the following physical plant concerns. a) Memory Care Unit (MCU) common areas: 1.Observation was made of the dining / activity room that approximately 10 chairs for resident use, were stained and ripped with visible discoloration, dirt, grime and food spills. (Photographic evidence was obtained). 2. Observation was made of the dining room wall near the nurse's station with holes by the windowsill and damaged column wall near the exit door leading to the parking lot. (Photographic evidence was obtained). 3.Observation revealed the resident's common area where they gather to watch Television had 2 electrical outlets exposed with no covers near the sofa, an electric grey reclining sofa was broken, the rest does not retract, further observation revealed electrical cord behind the sofa was damaged and wires are exposed on the floor. (Photographic evidence was obtained). 4.Observation was made of the left side, exit double glass door missing the metal push bar handle and mounting assembly. (Photographic evidence was obtained). 5.Observation revealed a dumpster approximately 12 long with sharp metal debris protruding up from construction waste. Located in an enclosed parking lot where facility staff gather residents for walking and other activities. (Photographic evidence was obtained). 6.Observation of the enclosed parking lot entrance/exit has a covered area with two wood columns that are rotten at the base. (Photographic evidence was obtained).	{A 152}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942934	A. BUILDING: _____ B. WING _____	R 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{A 152}	Continued From page 14	{A 152}		

7.Observation of # revealed a hole in the wall near the bathroom. (Photographic evidence was obtained).
8.Observation of # revealed a shower dripping water, no shower curtain, dirty bathroom floor, paint peeling off the walls, and metal light fixtures above resident's bed with the metal finish peeling off. (Photographic evidence was obtained).
9.Observation of # revealed unfinished paint on the walls, bathroom door that did not close due to rotted wood and damage floor molding. The closet had no doors, instead a piece of rope was used to hold a ripped curtain in place. (Photographic evidence was obtained).
10. Observation of # revealed a strong smell and laminate floor planks stalked against the wall approximately 4 high. (Photographic evidence was obtained).
11.Observation of # revealed a cluttered room with 3 wheelchairs, 2 walkers, 3 tanks near the corner wall and shower chair. The resident's bathroom corner wall had a metal frame exposed. (Photographic evidence was obtained).

b) Assisted Living:
1.Observarion of the library near the MCU had exposed plumbing, electrical wires, unfinished walls with metal frame exposed and unfinished floor tile. ((Photographic evidence was obtained).
2.Observation of the common area near the Administrators office, where residents use facility phone for personal use revealed holes in the wall, dirty walls and hanging electrical from a hole in the wall. (Photographic evidence was obtained).
3.Observation of # revealed resident's white night table missing door cover and exposed nails. (Photographic evidence was obtained).

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 152}	Continued From page 15 On at approximately 11:49 AM surveyors asked the Memory Care Director if she was aware of the physical plant concerns mentioned above and she stated she is new to the position, at this time she was asked if the Administrator does rounds in the MCU and she stated she is not sure how often. On at approximately 2:15 PM surveyors met with the Maintenance Director, and he was informed to provide copies of all related physical plant work orders mentioned above. At this time, he was asked if the facility has Policy and Procedures in place to address residents' concerns regarding physical plant. He stated all maintenance staff communicate via personal cell phone (group chat) and there is no documentation to support physical plant work orders. On at approximately 5:45 PM a team of surveyors met with the Administrator she recognizes and understands the facility needs repair. She stated she will address the concerns of physical plan with the corporate office. Class III uncorrected	{A 152}		