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
	AL11953528	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDHAM HOUSE	417 WESTWOOD ROAD WEST PALM BEACH, FL 33401

(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 Wyndham House. The facility had deficiencies related to the Relicensure at the time of 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. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	A 010		

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A 010	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review it was determined that the facility failed to provide an updated Health Assessment (AHCA Form 1823) to reflect resident change in condition for 5 out of 5 sampled residents (Resident#1, 2, 5, 6 and 7) The findings included: An observation during breakfast between 7:30 AM and 8:00 AM, this surveyor observed Staff D (Caregiver) taking turns feeding Resident#1, 2, 5, 6 and 7. During an interview on at approximately 8:10 AM with Staff D, she was asked why she was taking turns to feed Resident#1, 2, 5, 6 and 7, she stated residents are not able to eat on their own. During an interview on at approximately 9:30 AM the surveyor met with the Administrator and Assistant Administrator. They were informed to provide the files for Resident# 1, 2, 5, 6 and 7. 1)Review of Resident#1s file revealed date of Admission of , further review revealed an AHCA Form 1823 dated that documented: a) Medical Diagnoses: , , vision, Generalized (OA) b) Activity of Daily Living (ADLs): marked as I - Independent (Staff does not assist at all) for eating. marked as A - Needs Assistance (Staff provide physical assistance with the residents' participation) for: ambulation, bathing, grooming, toileting and transferring. c) Physical/Sensory Limitation: vision , . d) or Behavior needs: forgetful, requires	A 010		

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A 010	Continued From page 5 reminders 2)Review of Resident#2s file revealed date of Admission of , further review revealed an AHCA Form 1823 dated that documented: a) Medical Diagnoses: End of stage , b) Activity of Daily Living (ADLs): marked as A - Needs Assistance (Staff provide physical assistance with the resident's participation) for: ambulation, bathing, , eating, grooming, toileting and transferring. c) Physical/Sensory Limitation: non ambulatory d) or Behavior needs: does not communicate her needs 3)Review of Resident#5s file revealed date of Admission of , further review revealed an AHCA Form 1823 dated that documented: a) Medical Diagnoses: End of stage , b) Activity of Daily Living (ADLs): marked as A - Needs Assistance (Staff provide physical assistance with the resident's participation) for: ambulation, bathing, , eating, grooming, toileting and transferring. c) Physical/Sensory Limitation: wheelchair dependent d) or Behavior needs: requires simple directions with simple cuing 4)Review of Resident#6s file revealed date of Admission of , further review revealed an AHCA Form 1823 dated that documented: a) Medical Diagnoses: Late onset , b) Activity of Daily Living (ADLs): marked as S - Needs supervision (Staff provide cueing or prompting, but resident completes the action) for	A 010		

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A 010	Continued From page 6 eating and toileting. A - Needs Assistance (Staff provide physical assistance with the residents' participation) for: bathing, ␣, grooming. marked as I - Independent (Staff does not assist at all) for ambulation, transferring. c) Physical/Sensory Limitation: None d) ␣ or Behavior needs: Forgetful 5)Review of Resident#7s file revealed date of Admission of , further review revealed an AHCA Form 1823 dated that documented: a) Medical Diagnoses: , b) Activity of Daily Living (ADLs): marked as A - Needs Assistance (Staff provide physical assistance with the resident's participation) for: ambulation, bathing, ␣, eating, grooming, toileting and transferring. c) Physical/Sensory Limitation: wheelchair for mobility d) ␣ or Behavior needs: , During an interview on at approximately 3:30 PM the surveyor met with the Administrator and Assistant Administrator, they confirmed Residents#1,2,5,6 and 7 do not have an updated AHCA Form 1823 that documents change in condition in their files. They both acknowledged the findings. No additional documentation was provided. Class III	A 010		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256	A 052		

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A 052	Continued From page 7 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of	A 052		

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A 052	Continued From page 8 medication does not include: (a) Mixing, , , converting, or ˬ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a ˬ of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or ˬ preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance	A 052		

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A 052	Continued From page 9 with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,	A 052		

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A 052	Continued From page 10 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure unlicensed Medication Technician (Med Tech) assisted residents with self-administration of medication by taking the medication previously dispensed to each resident from where it is stored and bringing it to the resident in its orginal container, for 7 out of 7 sample residents(Resident#1, 8,9,10,11,12 and 13). The facility also failed to follow the appropriate medication procedure steps when assisting with medications; as evidenced in the facility prepouring/pre-filling medications in cups prior to assistance with medications for a resident. The findings included:	A 052		

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A 052	Continued From page 11 An observation during Medication Pass (Med Pass) on between 7:30 AM and 9:00 AM, the surveyor observed Staff F (Medication Technician) conducting a medication pass in the common area (near the kitchen). The surveyor observed that Staff F opened the medication top drawer of the medication cart and it revealed seven (7) medication cups that contained medication in it, ready for distribution with resident's name on it. During an interview on at approximately 8:25 AM Staff F was asked why Resident#1,8,9,10,11,12 and 13 have their medication ready in a medication cup. Staff F stated some of the residents go out for the day to a Program of All-inclusive Care for the Elderly (PACE) and it is easier for her to have meds ready. At this time, surveyor asked Staff F to confirm with open MOR the medications already dispensed inside the resident's medication cups. 1)Resident #1, review of the Medication Observation Record (MOR) revealed MOR is provided by third party services (PACE) and dated Documented the following medications that were placed in the medication cup as stated by Staff F: a) , 650 mg tablet, morning (MOR does not specified morning time). b) , 2.5 mg tablet, morning (MOR does not specified morning time). c) , 81mg tablet, morning (MOR does not specified morning time). d) , 25mg tablet, morning (MOR does not specified morning time). e) , 25mg tablet, morning (MOR does not specified morning time).	A 052		

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A 052	Continued From page 12 f) / 24-26mg tablet, morning (MOR does not specified morning time). 2)Resident #8, review of the Medication Observation Record (MOR) revealed facility's medication record dated from to . Documented the following medications that were placed in the medication cup as stated by Staff F: a) multaq 400 mg tablet, 9:00 AM b) 40mg tablet, 9:00 AM c) , 25 mg tablet, 9:00 AM d) 200 mg tablet, 9:00 AM e) , 2.5 mg tablet, 9:00 AM 3)Resident #9, review of the Medication Observation Record (MOR) revealed MOR is provided by third party services (PACE) and dated . Documented the following medications that were placed in the medication cup as stated by Staff F: a) , 650 mg tablet, morning (MOR does not specified morning time). b) , 25-100 mg tablet, morning (MOR does not specified morning time). c), , 20 mg tablet, morning (MOR does not specified morning time). 4)Resident #10, review of the Medication Observation Record (MOR) revealed MOR is provided by third party services (PACE) and dated . Documented the following medications that were placed in the medication cup as stated by Staff F: a) , .05 mg tablet, morning (MOR does not specified morning time). b) , 81 mg tablet, morning (MOR does not specified morning time). c) 25mcg tablet, morning (MOR does not specified morning time). d) 5 mg tablet, morning (MOR does	A 052		

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A 052	Continued From page 13 not specified morning time). e) 100 mg tablet, morning (MOR does not specified morning time). 5)Resident #11, review of the Medication Observation Record (MOR) revealed facility's medication record dated from to . Documented the following medications that were placed in the medication cup as stated by Staff F: a) -F 125-1 mg capsule, 9:00 AM b) 1.25 mg capsule, 9:00 AM c) 20 mg tablet, 9:00 AM d) 20 mg tablet, 9:00 AM e) 1 mg tablet, 9:00 AM f) 10 meq tablet, 9:00 AM g) 40 mg tablet, 9:00 AM h) 1gm tablet, 9:00 AM i) 50 gm tablet, 9:00 AM j) 20 mg tablet, 9:00 AM 6)Resident #12, review of the Medication Observation Record (MOR) revealed MOR is provided by third party services (PACE) and dated . Documented the following medications that were placed in the medication cup as stated by Staff F: a) 10 mg tablet, morning (MOR does not specified morning time). b) 75 mg tablet, morning (MOR does not specified morning time). c) 20 mg tablet, morning (MOR does not specified morning time). d) 5 mg tablet, morning (MOR does not specified morning time). e) 5 mg tablet, morning (MOR does not specified morning time). f) 40 mg tablet, morning (MOR does not specified morning time). g) 10 meq tablet, morning	A 052		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953528	A. BUILDING: _____ B. WING _____	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYNDHAM HOUSE	417 WESTWOOD ROAD WEST PALM BEACH, FL 33401

(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 052	Continued From page 14 (MOR does not specified morning time). h) 25 mg tablet, morning (MOR does not specified morning time). 7)Resident #13, review of the Medication Observation Record (MOR) revealed MOR is provided by third party services (PACE) and dated . Documented the following medications that were placed in the medication cup as stated by Staff F: a) 25 mg tablet, morning (MOR does not specified morning time). b) 10 mg tablet, morning (MOR does not specified morning time). c) 25 mg tablet, morning (MOR does not specified morning time). d) with 0.4 mg, 300 mcg, 250 mcg tablets, morning (MOR does not specified morning time). e) 50 mg tablet, morning (MOR does not specified morning time). During an interview on at approximately 3:30 PM the surveyor met with the Administrator and Assistant Administrator. However, the Administrator acknowledged the findings after the surveyor explained the importance of following unlicensed staff medication guidelines. Class III	A 052		