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 |
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| | AL11967431 | A. BUILDING: _____ B. WING _____ | 12/05/2025 |

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| LENOX BY RSR | 6700 W COMMERCIAL BLVD LAUDERHILL, FL 33319 |

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| A 000 | Initial Comments<br><br>An unannounced Complaint survey, complaint #2025017935 and #2025013455, was conducted at Lenox by RSR on - .<br>Deficiencies were identified at the time of survey. | A 000 | | |
| A 010 | 429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency<br><br>429.26 Appropriateness of placements; examinations of residents.-<br>(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:<br>(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.<br>(b) A facility may admit or retain a resident who requires the use of assistive devices.<br>(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<br><br>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.<br>(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:<br>a. Move, turn, or reposition without total physical assistance;<br>b. Transfer to a chair or wheelchair without total physical assistance; or<br>c. Sit safely in a chair or wheelchair without personal assistance or a physical .<br>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.<br>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.<br><br>(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<br><br>(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.<br><br>59A-36.006<br>(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:<br>(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.<br>(b) A resident requiring care of a , may be retained provided that:<br>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,<br>2. The condition is documented in the resident's record; and,<br>3. If the resident's condition fails to improve within | A 010 | | |

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| A 010 | Continued From page 3<br><br>30 days, as documented by a health care practitioner, the resident must be discharged from the facility.<br>(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:<br>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;<br>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;<br>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,<br>4. Documentation of the requirements of this paragraph is maintained in the resident's file.<br>(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.<br>(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.<br>(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.<br>(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<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review the facility failed to determine the residents's continued appropriateness for re-admission. As evidenced by the facility readmitting 1 of 1 sampled residents, Resident # 1 after a hospitalization. Resident #1 had a history of multiple with injury within a 2-week period, resulting in a life-threatening injury.<br><br>The findings include:<br><br>Review of facility records for Resident #1 indicated the resident was admitted to the memory care unit on . Review of the admission Resident Health Assessment form 1823 dated indicated the resident had medical diagnosis of , , , , and , . The resident had gait requiring a walker and wheelchair for mobility and was assessed to require precautions. Resident #1 was identified as alert but . The assessment indicated Resident#1 required assistance for ambulation, bathing and , and supervision for self-care, toileting and transferring.<br><br>Review of the facility progress notes for Resident #1 dated at am indicated the resident was found in her room on the floor by her bed. Resident#1 was observed with , and mild , to her upper , and redness and , to the right side of the . 911 was called but Resident #1 refused to be transferred to the hospital for evaluation. Resident #1's family was notified, and they were unable to convince the resident to go to the hospital for evaluation. Further review of the note indicated that same day at 12:30 PM, the resident was complaining of | A 010 | | |

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| A 010 | Continued From page 5 | A 010 | | |

a . The resident's family was notified and again they were unable to convince the resident to go to the hospital. The resident's health care provider was made aware and ordered the resident to go for evaluation, but she refused, stating "I feel well". The note further indicates Resident #1 was admitted to hospice services.

Review of facility progress notes for Resident #1 dated at 9 AM indicated a report was received that the resident was found on the floor in her room at 2:21 AM. Resident#1 was sent 911 to the hospital for evaluation.

Review of hospital records for Resident #1 dated 4:03 AM indicated the resident was assessed with a , closed injury and inner , bite. The notes indicated the resident was receiving hospice services. Resident #1 is prescribed medication- / Clav 875-125 mg 1 tablet every 12 hours for 10 days. Further review of the discharge paperwork indicated "due to , mild , (concussion) or rare severe , such as can occur. Symptoms of concussion can be observed days after injury. Recommendation to watch for symptoms and wake the patient up every 2 hours to check for symptoms including but not limited: , , balance, , severe , loss of , and drowsiness."

Further review of facility progress notes for Resident #1 dated indicated the resident returned to the facility at 5:57 AM. The resident was observed with to right side of , a lump on the right side of the and on the right . No further nursing

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| A 010 | Continued From page 6<br>assessment was documented in the notes.<br><br>Review of facility progress notes for Resident #1 dated 4:10 PM indicated the nurse was called to the resident's room and found Resident#1 on the floor outside the bathroom. The nurse documents Resident #1 states she had no , and is able to move all extremities, and able to ambulate with assistance. The note indicates the nurse notifies the hospice provider for assessment of the resident.<br><br>Review of Resident #1's health care provider visit note dated indicated the resident was a female with , severe , history of multiple and refused emergency room visits. The note indicates Resident#1 has been assessed as having a score of 90 on the Morse Scale, indicating a high risk for . The note indicates Resident #1 has limited range of motion, has had multiple , requires use of a walker and wheelchair and is unable to independently bathe, dress and toilet herself. The resident is assessed to be , , depressed, oriented to person and place only. The resident has poor appetite and loss.<br><br>Review of facility progress notes for Resident #1 dated at 9 AM indicated a report that Resident#1 was found on floor in her room at 11:16 PM on . Review of the facility incident report for Resident #1 dated along with the Resident Care Director (RCD) confirmed the resident was found on the floor in her room. The resident was observed with and sent 911 to the hospital for evaluation.<br><br>Review of hospital records for Resident#1 dated indicated Resident#1 was transferred | A 010 | | |

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| A 010 | Continued From page 7<br><br>from Hospital #1 to Hospital #2 for treatment of a hematoma, measuring mm. The record indicated Resident#1 was found on floor at the Assisted Living Facility (ALF) on and has a history of a on . The record further indicated Resident #1 was a poor historian due to and does not know how she and has no complaints on questioning. The record indicates medical evaluation at Hospital #2 finds no hematoma but identifies a large right sided , hematoma. On examination, Resident #1 can move all extremities with full range of motion. Radiological examination reports indicated: - no acute osseous abnormality of , . Computed , , scan (CT) scan indicated no acute abnormality.<br><br>Review of facility progress notes for Resident #1 dated 10 AM indicated a report was given that the resident returned to the facility on at 7:15 PM. The note indicates Resident #1 was found by staff on the floor at 7:30 AM on . Nurse #B indicates she enters Resident #1's room to assess the resident at 10 AM and finds the resident sitting in a recliner chair. Resident#1 complains of low , and was offered medication but refuses. The note indicates that Resident #1 was transferred to her wheelchair and then to bed. Nurse #B documents Resident#1's family member was present at this time. The notes indicate the hospice nurse arrives at 12:30 PM to assess the resident. There is no documentation that the resident went to the hospital for evaluation after the .<br><br>Review of facility progress notes for Resident #1 dated indicated a report from the PM shift on that Resident#1 was being | A 010 | | |

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| A 010 | Continued From page 8<br><br>placed on hospice 24-hour Emergency Crisis Care observation and at 11 PM was transferred to another hospice provider's inpatient unit. The resident was transferred to the new hospice provider location, non- emergency and the resident did not return to the facility.<br><br>In an interview with the Resident Care Director (RCD) on starting at approximately 6:20 AM, she stated that she was familiar with Resident #1's admission at the facility. She stated that Resident #1 resided in the memory care unit and had had multiple requiring hospitalization for injury evaluation. She stated that Resident #1 was initially able to ambulate with assistance but routinely used a walker and wheelchair for mobility. She stated that Resident #1 was alert but forgetful when staff redirected her to use her walker when attempting to ambulate/transfer for safety. She stated that Resident#1 was able to make her wishes known, was stubborn and determined to maintain her independence. The RCD stated that Resident #1 was identified as a high risk due to multiple . The RCD stated the facility had discussions with the family about placing Resident #1 on hospice services due to her decline and concerns with poor compliance with transfer safety. She stated that on Saturday, she was not in the facility and was not notified of Resident #1's return to the facility at 7:15 PM. She stated that she did not have an opportunity to re-assess Resident #1 and to determine if the facility could provide additional safety measures to prevent further . She stated that she received an email, late evening on and by then Resident#1 had been returned to the facility. She stated that she did instruct the staff to perform hourly checks on Resident #1. She stated that she would have insisted that additional supervision be provided to | A 010 | | |

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| A 010 | Continued From page 9<br><br>Resident#1 including 1:1 person monitoring. When questioned what the facility policy was for resident readmission after hospitalization, she stated that the final written policy was still in progress but stated that any resident returning must be re-assessed to determine if the facility can meet the residents' needs and medications are available. She acknowledged that weekend and late day re-admissions are an ongoing concern for her.<br><br>Review of the facility "Two Hours Check" form for Resident#1 dated indicated staff checked the resident hourly starting at 7 PM thru the night until 7 AM on .<br><br>In an interview with Nurse #B on at 10 AM she reviewed her note dated and stated that she recalled being informed on her arrival to the facility on , that Resident#1 had a that morning. She stated that she went to Resident #1's room to check on the resident and found her sitting in her recliner with her elevated. Nurse #B stated that Resident #1 complained about her lower , , which was a symptom for the resident. She stated that she assisted the resident to her wheelchair then to bed and made her comfortable. The nurse stated she never observed any symptoms of , on transfer. She stated that Resident#1 refused , medications offered and never complained of , , .<br><br>In an interview with the hospice nurse from hospice provider #1 on at 2:15 PM she reviewed Resident #1's medical record and confirmed the resident had been admitted to the services on . She stated the admission diagnosis was . The resident was assessed to require nursing visits | A 010 | | |

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| A 010 | Continued From page 10 | A 010 | | |

twice weekly and caregiver visits twice a week for assistance with ambulation, personal care and feeding. The nurse stated that Resident#1 had a history of and required assistance with ambulation, and was very unsteady. The nurse stated that Resident#1 had decline in appetite and was eating 25% of her meals, no was noted. The nurse further reviewed the progress notes and stated after Resident #1's on , hospice recommended a private duty caregiver to provide additional hours of monitoring to reduce risk. The nurse stated Resident #1's family declined the recommendation due to financial concerns. The nurse stated that on Hospital #2 was planning to discharge Resident#1 to the ALF. She stated that a call was placed to the ALF and approval to return was given by a facility nurse, Nurse #A, "facility would take her ". The nurse could not find any hospice notes for Resident#1's readmission to the facility on , no visit was made, and no new prevention interventions were implemented. The nurse stated that there was a written order dated for a hospital low bed with half rails, for bedside safety and overbed table but the equipment was not delivered. The nurse stated that Resident #1 was not transferred to the hospital after the on , the hospice nurse arrived in the afternoon to assess the resident and placed the resident on 24-hour emergency crisis care observation at the request of the family. The nurse confirmed Resident #1 was discharged from her hospice employer on at 11 PM when the family requested a transfer to another hospice provider.

In an interview with hospice provider #2, Patient Care Administrator ( ) on at 2:38 PM, she confirmed R#1 was admitted directly

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| A 010 | Continued From page 11<br><br>from the ALF to the hospice in-patient unit on at 11:36 PM. She stated that the pre-admission nursing evaluation completed on at 11:36 PM indicated Resident #1 complaining of left , . from a . The stated based on the admission evaluation, a left , was ordered. The results dated revealed a in the left , . The stated that Resident #1's prognosis was documented as poor. The stated that Resident #1 declined rapidly and , on at 6:56 PM.<br><br>Review of State of Florida Certificate of #2025081199 filed on and issued revealed Resident #1's date of at Hospice Provider #2's in-patient unit. The certificate indicates the manner of was an accident at the ALF and the cause of as blunt force injury of left , .<br><br>Class II | A 010 | | |