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
	AL11965313	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLISLE PALM BEACH, THE	450 EAST OCEAN AVENUE LANTANA, FL 33462

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments There were deficiencies identified during the Extended Congregate Care Services (ECC) survey, conducted on 06/28 . The Carlisle Palm Beach. Note: This ECC survey was conducted in conjunction with a revisit to Complaint #2012001154 in addition to a Complaint Survey #2012005409. Please refer to the separate reports.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which	A 025		

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A 025	Continued From page 1	A 025		

resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to provide care and services appropriate to the needs of residents who required [redacted] diets, as evidenced by staff not aware of and documentation not accurately reflecting [redacted] resident dietary restrictions.

The findings include:

On [redacted]: at 10:50 a.m. during a facility tour with the Associate Executive Director observation was made of the main dining [redacted] the menu choices for the lunch meal. It was noted at the bottom of the menu there were desserts listed as 'no sugar'. The Associate Executive Director stated they always have 'no sugar' desserts for those residents who are [redacted] An inquiry was made as to how the staff identify which residents are [redacted] and the Associate Executive Director stated the aides and servers know which residents are [redacted] and assist them with their meal choices.

On [redacted]: at 11:00 a.m. an interview was conducted with the Dining Services Director who stated they have a list of residents who have [redacted] and require special dietary considerations and he further stated they always have 'no sugar added' desserts. Additionally he stated they could use an updated list because there have been a few new residents admitted to the facility recently.

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A 025	Continued From page 2	A 025		

On 06/2[illegible] 11:15 a.m. an interview was conducted with sampled resident #1 who stated he is a diabetic [illegible] is aware he has to watch what he eats, however he stated there are some residents who may be a little confused [illegible] not know to watch what they eat and the servers in the dining room [illegible] know who is diabetic [illegible] they allow residents to eat what they want.

On 06/2[illegible] 11:35 a.m. during an observation of the lunch meal, an interview was conducted with server #1 inquiring how she knows which residents are diabetic [illegible] require special consideration with their meals. She proceeded to open the top drawer of the serving hutch and under a pile of papers produced a sheet of paper titled Modified Diet List documenting what dietary restrictions certain residents had. This list was dated 'Updated 10/11.

[illegible] interview was conducted with server #2 on 06/2[illegible] 11:37 a.m. who stated they give diabetic [illegible] sugar free desserts and syrups and the cook lets them know who is a diabetic. [illegible] the interview with server #2, the dining room [illegible] they have a list of diabetic [illegible] in the ante kitchen and proceeded to show where the list was posted on the wall. Review of the list documented 7 of the 9 diabetic [illegible] the Associate Executive Director had outlined during the initial tour of the facility.

At 11:40 a.m. server #1 produced a sheet of stickers with resident names and dietary restrictions. She stated when they take the resident's order they place this sticker on the order sheet and it goes to the kitchen. Review of the sticker label for resident #1 stated 'No concentrated sweets. No added salt.' An inquiry was made to server #1 if resident #1 was diabetic

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A 025	Continued From page 3 and she stated 'No he is not he has high that is why he can't have sweets.' At 11:45 a.m. an inquiry was made to the Dining Services Director in the kitchen where they keep the list of residents with modified diets and he proceeded to point to 3 pages posted vertically on a post with the third page obstructed by a tall bin of plastic utensils. The pages were titled Assisted Living Modified Diet with an initial update of I crossed out and hand written above was . Review of the list revealed 5 of the identified residents were listed as a no concentrated sweets diet; 3 of the identified residents were documented as a regular diet; and one of the residents identified as being was not on the list. Class III	A 025		
A 083 SS=D	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training	A 083		

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A 083	Continued From page 4 requirements for both First Aid and . . . . This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled direct care employees, employee #1, had training in first aid. The findings include: Observations on . . . . revealed the Assisted Living Facility is a 3 story building with residents residing on all 3 floors. Review of the personnel record for employee #1 revealed she was hired on . . . . . Further review of the personnel record for employee #1 revealed no evidence of documentation of first aid training. Review of the staffing schedule for the period . . . . through . . . . reveals employee #1 works on Saturdays and Sundays on the 11:00 p.m. to 7:00 a.m. night shift when there is only one other staff member working to cover all 3 floors of the facility. An interview was conducted with the facility Executive Director on at 10:30 a.m. who confirmed there are 2 staff members working the night shift to cover the 3 floors. In the case of a first aid emergency employee #1 does not have evidence of training in first aid and would have to rely on the alternate employee who could potentially not be available during a first aid emergency if one should occur. Class III	A 083		
AE210 SS=D	58A-5.0191(7) FAC ECC - Training Staff Training Requirements and Competency	AE210		

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AE210	Continued From page 5	AE210		

Test.
(7) EXTENDED CONGREGATE CARE TRAINING.
(a) The administrator and extended congregate care supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility ' s receiving its extended congregate care license or within 3 months of beginning employment in the facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to 1998, shall not be required to take the assisted living facility core training competency test.
(b) The administrator and the extended congregate care supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , or social needs of frail elderly and persons, or persons with or related

(c) All direct care staff providing care to residents in an extended congregate care program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address extended congregate care concepts and requirements, including statutory and rule requirements, and delivery of personal care and supportive services in an extended congregate care facility.

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AE210	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on interview and personnel record review, the facility failed to ensure 1 of 4 sampled direct care staff members, employee #1, was provided with the required 2 hour Extended Congregate Care (ECC) within 6 months of hire. The findings include: Review of Employee #1's personnel record revealed she was hired on [redacted] initially as a medication technician and on [redacted] her status changed to Certified Nursing Assistant. Further review of her personnel record revealed no evidence of the 2 hour ECC training required within 6 months of the date of hire. Review of the staffing schedule for the period [redacted] through [redacted] reveals employee #1 works in the facility 5 days per week. On [redacted] at 4:00 p.m. an interview was conducted with the Associate Executive Director, who after reviewing the personnel file for employee #1, was unable to produce evidence of the 2 hour ECC training. She stated during the interview they will ensure employee #1 will be provided with the training. Class III	AE210		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
The Carlisle Palm Beach
450 E. Ocean Avenue
Lantana, FL 33462

Dear Administrator:

This letter reports the findings of an Extended Congregate Care survey conducted on 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Boyles, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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