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 An Assisted Living Facility biennial licensure survey with Extended Congregate Care (ECC) was conducted on . . _ _ _ _ . The Carlisle Palm Beach, had licensure deficiencies found at the time of the visit.	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 resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on observations, interviews and record review, it was determined the facility failed to document awareness of health conditions for 1 out of 2 sampled residents' records reviewed (Resident #7). As evident by the facility failure to document a resident's ongoing treatments for lymphedema in the resident's record.

The findings include:

Resident #7 was admitted to the facility on ; his pertinent diagnoses include insufficiency and lymphedema (excessive accumulation of liquids) in both legs; and, he uses a lymphedema pump twice daily. He was observed and interviewed on beginning at 10:08 AM. Both legs were observed to be wrapped with multiple types of bandages from knee to toes; there was no date on the wraps to indicate when they were last wrapped. Resident #7 stated, " someone comes twice a week to change the wraps, he has to coordinate his showers with the treatments to avoid getting the wraps wet". In an interview conducted at 10:12 AM, the facility's nurse stated, "she did not know when the wraps were last changed".

Review of Resident #7's records for the past three months revealed one entry dated that disclosed, "Resident observed with [increased] to [both] lower legs...". Review of home health agency visit notes primarily consisted of documentation related only to skilled nursing monitoring visits; only two references to "wraps in place" were noted. Further review of the resident's record revealed no documentation related to the resident's

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A 025	Continued From page 2 lymphedema treatments, status of his condition, and related needs. Multiple requests for documentation were made during the survey. At the time of the survey exit, no related documentation was received. This was discussed with and acknowledged by the Administrator on at 2:50 PM. Class III	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency	A 030		

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A 030	Continued From page 3 Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the	A 030		

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A 030	Continued From page 4	A 030		

resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

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, 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 achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the

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A 030	Continued From page 5 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 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) Access to adequate and appropriate health care 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 shall be set forth in writing. 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	A 030		

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A 030	Continued From page 6 establish a grievance procedure to facilitate the residents ' exercise of this right. This right 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. This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure the required posting regarding resident rights and facility procedures were posted and available for viewing for all persons residing at the facility or entering the facility. The findings include: During observation and interview with the Associate Executive Director, conducted on [redacted] beginning at approximately 10:00 AM, she was asked where the facility posts the address and telephone numbers (in full view in common areas accessible to all residents) the District Long-Term Care Ombudsman Council; the Advocacy Center for Persons with The Florida Advocacy Council; the Agency Consumer Hotline; and the statewide toll-free Florida [redacted] Hotline number. She stated she was not aware of the requirement that these numbers needed to be posted and she acknowledged that they were not currently posted in the facility. Class III	A 030		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin	A 052		

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A 052	Continued From page 7 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [redacted] trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) 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 which coincides with the resident ' s presence in the facility; 2. The medication container may be given to the	A 052		

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A 052	Continued From page 8	A 052		

resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
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;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or 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 through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or preparations.

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A 052	Continued From page 9 (h) 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 at the request of a competent resident. (i) 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. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure that the Medication Technician (Aide) was able to demonstrate the ability to accurately read and interpret a prescription label, specifically related to placing 2 of the same medications in the residents souffle cup for assist with medications and for not reading medication labels to the resident prior to assisting for 1 of 1 sampled residents observed with this Medication Aide (Resident #1). The findings include: 1) Resident #1 was noted to be admitted to this facility on . . . . . with diagnoses of . . . . . back pain; . . . . . generalized . . . . . ; and . . . . . Her health assessment ,dated . . . . . , reflected her . . . status as alert and oriented to person, place, and time. She was also noted to be pleasant and . . . . . This health assessment indicated she requires assistance with self-administration of medications. During observation of the Medication Aide, conducted on . . . . . beginning at	A 052		

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A 052	Continued From page 10	A 052		

approximately 9:25 AM, she was observed to wash her hands prior to providing assistance with medications. She proceeded to bring out of the medication cart every medication that this resident takes (including 7:00 AM and evening medications). The Medication Aide then proceeded to review the MOR (Medication Observation Record) and then return the medications to the cart that were not due at 9:00 AM. She then proceeded to obtain each bottle or pack of this resident's medications and place the prescribed dose into a small souffle cup. She was noted to have obtained a 60 mg dose of and to have placed this dose in the souffle cup. After obtaining approximately 4 different medications and placing them in the souffle cup, this Medication Aide was observed to pick up the bottle of , again, and place another 60 mg dose in the souffle cup. This surveyor waited until the Medication Aide appeared to be finished placing all of the medications noted on the MOR in the souffle cup and gathering a cup of water. This surveyor asked the Medication Aide, if she was finished and ready to provide Resident #1 with her medications. She acknowledged that she was. She was informed that she was observed to have provided 60 mg 2 times during this observation in the souffle cup to provide to the resident. The Medication Aide, then proceeded to obtain a tissue and empty the souffle cup contents onto the tissue. She acknowledged there were 2 60 mg pills and she proceeded to remove one of them and place it back in the correct medication bottle. She proceeded to apologize and state that she never makes mistakes like that. She was reminded that she would have provided this resident with 2 60 mg pills if not for surveyor intervention. She acknowledged that she was not aware that

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A 052	Continued From page 11 she had placed 2 [redacted] pills at 2 separate times in the souffle cup. [redacted] is utilized for the treatment of Review of the MORs for the month of [redacted] 2013 and physician order with the Medication Technician (Aide), confirmed the resident was only prescribed [redacted] 60 mg, take 1 tablet in the morning. During an interview with the Medication Technician (Aide) at 9:45 AM, she confirmed aformentioned. 2) This Medication Aide did not read the medication labels of any of the 12 medications provided to Resident #1 as per regulatory requirement for unlicensed staff assisting with the self-administration of medications to Resident #1 prior to giving this resident her medications. Class III	A 052		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;	A 055		

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A 055	Continued From page 12 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the	A 055		

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(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 055	Continued From page 13 facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure medications for residents who receive assistance with self-administration of medications were stored in a secure manner for 1 out of 3 sampled residents' records reviewed (Residents #7). As evident of medications that were observed stored unsecured in an apartment (resident belonging to residents who required assistance with self-administration of medications.	A 055		

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A 055	Continued From page 14 The findings include: Review of Resident #7's records revealed a medical examination (AHCA Form 1823) dated , documenting he required assistance with self-administration of medications. On at 12:10 PM, the following medications were observed in his apartment ; nose spray, a tube of cream 1%, and a tube of barrier cream with . In an interview conducted at that time, the resident acknowledged the potential safety hazards, adding his has recently become more as a result of her medical conditions. A review of her medical examination dated documented she had Parkinson's , a history of and had mild with intermittent . This concern was discussed with and acknowledged by the Administrator on at 4:01 PM. Class III	A 055		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic	A 092		

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A 092	Continued From page 15 diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, it was determined the individual responsible for the total food services and the day to day supervision of the food services staff did not ensure duties were performed in a safe and sanitary manner. The findings include: During observation of the satellite kitchen (located in the assisted living section of this community) conducted with the Cook, on . . . . . beginning at approximately 11:30 AM, the following concerns were identified: a) 2 servers were observed ladeling soup into cups while they were not wearing hair . . . . . in this satellite kitchen. The soup was noted to be served prior to the cooks taking the temperature of this food product. b) There was no handwashing/sanitizing prior to the cook applying gloves and plating the meals & there was no handwashing/sanitizing prior to the servers obtaining soups and serving meals. c) The interior of the microwave was noted to contain a moderate amount of rust. d) The ice cream freezer was noted to have an excessive amount of ice build-up. e) There was an uncovered garbage receptacle underneath of the soda dispenser. f) The reach-in refrigerator contained: strawberries in a sauce that was dated . . . . . ; chocolate pudding that was dated . . . . . ; sliced cheese that was wrapped in plastic wrap that was	A 092		

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A 092	Continued From page 16 not dated or labeled; there was an opened single serve bottle of water that was partially consumed located in this refrigerator. During an interview with the Cook at 12:15 PM on , the aforementioned was confirmed and that these practices were sanitary. During subsequent interview with the Executive Director, conducted on at approximately 5:15 PM, she was informed of the above noted concerns and agreed that these practices were not acceptable. Class III	A 092		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings;	A 093		

Agency for Health Care Administration

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A 093	Continued From page 17 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is	A 093		

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A 093	Continued From page 18	A 093		

necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of | the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are

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A 093	Continued From page 19	A 093		

labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility did not ensure planned menus were conspicuously posted or easily available; the facility did not ensure the recommended daily food allowances were offered to all residents; the facility did not ensure they maintained documentation of a menu that was approved (signed and dated annually by a Registered Dietician) and that a sufficient amount of emergency food for 3 days is maintained on site.
The findings include:
1) During interview and observation with the DSM (Dietary Services Manager), conducted on at approximately 12:15 PM, he acknowledged that the current menu was not posted or available to residents for review. The DSM stated he must not have placed them back in the display case correctly after making copies of this weeks menu.
2) At the time of this above noted observation and interview with the DSM, he was asked why the residents were not being served the 2 ounces of sauerkraut that was listed on the menu. He stated that the chef had to leave early today and that the sauerkraut must not have been brought over to the satellite kitchen. He acknowledged

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A 093	Continued From page 20	A 093		

that several residents had already been served their lunch without the sauerkraut. The menus were signed as meeting the recommended daily allowances by the consultant Registered Dietician. If residents did not receive the 2 ounces of sauerkraut, per menu, then they would not have met the recommended daily allowances, specifically related to vegetable portions for the day.

3) Upon entrance conference with the Associate Executive Director, conducted on beginning at approximately 9:10 AM, she was asked to provide a copy of this week's cycle menu with portion sizes that was signed and dated by the RD (Registered Dietician). This item was repeatedly requested throughout the day. A poor copy of the menu noted above was provided. However, it did not include the signature of the RD or the date. A subsequent menu was provided for review by the DSM, on at approximately 5:00 PM, and this menu indicated 1/2 cup of sweet potato fries and 1 cup of vegetable medley was to be provided (sauerkraut was not noted on this menu that was signed by the RD on . Sweet potato fries nor a vegetable medley were available or served from the satellite kitchen. During interview with the DSM, he was not able to provide an explanation as to why there were 2 different menus. The facility did not provide for review a copy of their current cycle menus that had been reviewed and approved by their RD with a current date (within the past year), this request was made repeatedly throughout the survey.

4) During observation of the emergency supplies , interview with the DSM (Dietary Services Manager), conducted on beginning at approximately 3:30 PM, and review of the Disaster Food Service Menu dated 2012, revealed the following items were missing from

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A 093	Continued From page 21 the emergency supply storage area (per menu): a) 2 cases of chicken and dumplings b) 2 cases of chili no beans c) 1 case of beef stew d) 2 cases of ravioli e) 1 case of mayonnaise f) 2 cases of carrots g) 1 case beets h) 2 cases of green beans i) 2 cases of vanilla pudding j) 1 case (70 count) Special K k) 2 cases (70 count) Cheerios The DSM (Dietary Services Manager) stated he was aware that the disaster supplies were not present in this storage area and that he placed an order. He stated he placed the order on Friday when he discovered the food items were not sufficient. However, the food order provided for review was dated (today's date). Class III	A 093		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall 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, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health	A 162		

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A 162	Continued From page 22 care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s 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) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or 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 under Section 429.27, F.S.	A 162		

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(k) For any facility which 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 under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, 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 under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a

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therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall 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 shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to ensure residents received written informed consent related to assistance with self-administration of medications for 1 out of 2 sampled residents' records reviewed (Resident #7). As evident of the required information (informed consent form) related to medications in assisted living facilities was not provided to residents in a timely manner.

The findings include:

Resident #7 was admitted to the facility on . Review of his records (including contract file) on , revealed there was no evidence of a completed and signed informed consent form.

On at 4:45 PM, an undated, signed consent form was presented; the facility's Director

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A 162	Continued From page 25 stated it was signed only a few months ago; she acknowledged Resident #7 was admitted, more than 16 months earlier. She also confirmed that the form should have been completed prior to admission or on admission date. Class III	A 162		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or	A 167		

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responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products

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 167	Continued From page 27 pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident contract was executed prior to or at the time of admission, for 2 out of 2 sampled residents' records reviewed (Resident # 2 and #7). The findings include: a) During interview and record review with one of the sales coordinator's, conducted on beginning at approximately 2:00 PM, she was provided the opportunity to locate the documentation that reflects the facility had notified Resident #2, that unlicensed personnel will assist with the self-administration of medications at this facility and that this facility is not required to have a licensed staff member on duty. She was not able to locate this information. During subsequent interview with the Executive Director, conducted on , she stated she too was not able to locate the informed consent for Resident #2 and that the facility had identified they were not obtaining this required documentation for their residents in this community. She stated Resident #2's may be one of the informed consents that the facility is working on obtaining but that she was not sure. b) Resident #7 was admitted to the facility on . Review of his Assisted Living Facility Residency Agreement conducted on , revealed the contract had not been signed by the	A 167		

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

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A 167	Continued From page 28 resident or his legal representative. This was discussed with and acknowledged by the facility's Director on . . . at 4:50 PM. It was revealed no further information was available for review. Class III	A 167		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that 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 the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Mayo-Davis
)ffice Manager

AMD/ls
Enclosure

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Tallahassee, FL 32308
http://ahca.myflorida.com

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