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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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 standard licensure survey with Extended Congregate Care (ECC) was conducted on . . . . . Chatsworth at PGA National, had licensure deficiencies found at the time of the visit.	A 000		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff. (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in . . . . . control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to . . . . borne . . . . may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility.	A 081		

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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 081	Continued From page 1	A 081		

2. Recognizing and reporting resident neglect, and
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on record review and an interview, the facility failed to ensure that 3 out of 3 sampled staff members (Staff #1-#3) had received in-service training regarding the facility 's resident elopement response policies and procedures within thirty (30) days of employment.

The findings include:

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
	AL11965093	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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 081	Continued From page 2 Review of the personnel files for Staff #1-#3 revealed there was no documentation of in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. Staff #1 was hired on ; Staff #2 was hired on and Staff #3 was hired on . The Administrator was interviewed at approximately 4 PM on , and acknowledged that the documentation was not present and available for review. Class III	A 081		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not Resuscitate . (11) DO . (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding DNROs , 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding DNROs , 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by:	A 090		

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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 090	Continued From page 3 Based on record review and an interview, the facility failed to ensure that 3 out of 3 sampled staff members (Staff #1-#3) had received at least one hour of training in the facility's policies regarding [illegible] within 30 days of hire. The findings include: Review of the personnel files for Staff #1-#3 revealed there was no documentation of in-service training regarding the facility 's policies regarding [illegible] completed within 30 days of hire. Staff #1 was hired on [illegible]; Staff #2 was hired on [illegible] and, Staff #3 was hired on [illegible]. The Administrator was interviewed at approximately 4 PM on [illegible] and acknowledged that the documentation was not present and available for review. Class III	A 090		
AE206 SS=D	58A-5.030(7) FAC ECC - Service Plans (7) SERVICE PLANS. (a) Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility ' s residency criteria, an appraisal of the resident ' s unique physical and psycho social needs and preferences, and an evaluation of the facility ' s ability to meet the resident ' s needs. (b) Within 14 days of admission the congregate care supervisor shall coordinate the development of a written service plan which takes into account the resident ' s health assessment obtained pursuant to subsection (6); the resident ' s unique	AE206		

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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
AE206	Continued From page 4	AE206		

physical and psycho social needs and preferences; and how the facility will meet the resident ' s needs including the following if required:
1. Health monitoring;
2. Assistance with personal care services;
3. Nursing services;
4. Supervision;
5. Special diets;
6. Ancillary services;
7. The provision of other services such as transportation and supportive services; and
8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.
(c) Pursuant to the definitions of " shared responsibility " and " managed risk " as provided in Section 429.02, F.S., the service plan shall be developed and agreed upon by the resident or the resident ' s representative or designee, surrogate, guardian, or attorney-in-fact, the facility designee, and shall reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident ' s service needs and preferences.
(d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident ' s physical or mental status, or pursuant to recommendations for modifications in the resident ' s care as documented in the nursing assessment.

This Statute or Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure the resident's representative was included in the development

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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
AE206	Continued From page 5 of the Extended Congregate Care (ECC) service plan and agreed upon by the representative for 2 out of 2 sampled residents (Residents #1 and #2). The findings include: On . . . . . at 10:15 AM, the Assisted Living Coordinator/LPN (licensed practical nurse) was interviewed and acknowledged that Resident #1 and Resident #2 were currently receiving ECC services. The service plan for Resident #1 dated . . . . . did not show any indication that the resident was included in the development and had agreed with the plan. Interview with the resident at 3:45 PM on . . . . . revealed she was not included in the development and approval of the service plan. The service plan for Resident #2 dated . . . . . did not show any indication that the resident's representative was included in the development and had agreed with the plan. Interview with the resident's representative by phone at 10:31 AM on . . . . . revealed she was not included in the development and approval of the service plan. These findings were discussed with the ECC supervisor/administrator during interview at 4:00 PM on . . . Class III	AE206		
AE207 SS=D	58A-5.030(8) FAC ECC - Services (8) EXTENDED CONGREGATE CARE SERVICES. All services shall be provided in the least restrictive environment, and in a manner which respects the resident ' s independence, privacy, and dignity.	AE207		

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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
AE207	Continued From page 6	AE207		

(a) An extended congregate care program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents. The facility shall provide training for family or friends to enable them to provide supportive services in accordance with the resident ' s service plan.
(b) An extended congregate care program shall make available the following additional services if required by the resident ' s service plan:
1. Total help with bathing, dressing, and toileting;
2. Nursing assessments conducted more frequently than monthly;
3. Measurement and recording of basic vital functions and weight;
4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident ' s food and fluid intake and output;
5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider ' s order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s informed consent to provide such assistance as required under Section 429.256, F.S.;
6. Supervision of residents with and

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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
AE207	Continued From page 7	AE207		

7. Health education and counseling and the implementation of health-promoting programs and preventive regimes;
8. Provision or arrangement for rehabilitative services; and
9. Provision of escort services to health related appointments.
(c) Licensed nursing staff in an extended congregate care program may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility ' s written policies and procedures, and the nursing services are:
1. Authorized by a health care provider ' s order and pursuant to a plan of care;
2. Medically necessary and appropriate for treatment of the resident ' s condition;
3. In accordance with the prevailing standard of practice in the nursing community;
4. A service that can be safely, effectively, and efficiently provided in the facility;
5. Recorded in nursing progress notes; and
6. In accordance with the resident ' s service plan.
(d) At least monthly, or more frequently if required by the resident ' s service plan, a nursing assessment of the resident shall be conducted.

This Statute or Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure that residents receiving services under the facility's extended congregate care (ECC) services, had monthly nursing assessments and that all nursing services provided were listed on the service plans, for 2 out of 2 sampled residents (Residents #1 and

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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
AE207	Continued From page 8	AE207		

#2).

The findings include:
1. An interview was conducted with the Assisted Living Coordinator/LPN (licensed practical nurse), who completes monthly nursing assessments as an employee of the facility for provisions under the ECC license, on , at approximately 11:20 AM. Review of the monthly nursing assessments for Resident #1 and Resident #2 dated revealed only the LPN's signature on the assessments. There is no indication that the residents' monthly assessments were reviewed or supervised by an RN (registered nurse) as per Chapter 464 of the Florida Statutes. The LPN acknowledged during interview at this time that the assessments were not reviewed or completed in conjunction with an RN.

Review of two records revealed:
1. Review of the record for Resident #1 revealed the resident was placed on ECC services on with a physician order to provide through a as needed. This was documented on the resident's service plan as required. However, to be provided as needed and hose to be applied daily were also ordered on but were not documented on the service plan. The LPN was interviewed at 2:15 PM and ackowledged that the and hose were not added to the plan.

2. Review of the record of Resident #2 revealed the resident received ECC services beginning The 2012 MORs (medication observation records) had documented that the resident received "warm compresses" to her thigh 3 to 4 times a day, applied by a nurse, following a health care provider's order dated . This nursing

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
	AL11965093	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATSWORTH AT PGA NATIONAL	347 HIATT DRIVE PALM BEACH GARDENS, FL 33418

(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
AE207	Continued From page 9	AE207		

service was never added to the resident's service plan as required. The 2013 MORs also showed the resident had an order beginning for to be administered through a nasal cannula as needed. This nursing service was also never added to the resident's service plan. During interview with the LPN as noted, she acknowledged these findings.

Both of these residents had a diagnosis of and were in the secured unit. Neither of them were capable of administering the above treatments without assistance. All of the above findings were discussed with the ECC supervisor/administrator during interview at 4:00 PM on

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Chatsworth At PGA National
347 Hiatt Drive
Palm Beach Gardens, FL 33418

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924