| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965602 | 02/04/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Open Arms Alf | 4652 Belvedere Road West Palm Beach, FL 33415 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C
St - D - 0000 - - Initial Comments
St - D - 0001 - 429.907(1) (2), 58a-6.003(1) - General Licensure Standard S-S= C

**Specific Tag Findings:**

**0000-Initial Comments**

CCR#2014000725

A complaint inspection was conducted on . The Open Arms assisted living facility was not found to be in compliance during this visit.

**0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC**
Based on observation, record review and interview, the facility failed to ensure a safe living environment by not providing existing architectural, mechanical and structural systems that were built to meet proper life safety, fire and building code.

The findings are:

In an observation on from 9:25 AM to 10:45 AM, it was noted that the facility had 5 and 5 , which included a living area on the northwest corner of the home with an office, resident . Review of the Palm Beach county property records indicated that the facility property had a total of 2 and 3 with the northwest corner of the home designated as a semi-finished area.

In an interview with Resident #6 on at 9:30 AM, she stated that she sleeps in with another resident which she does not remember her name. In an observation at this time, the resident showed her ' which had two beds, the closet with her own clothes/garments on the left side and the other residents' personal belongings on the right side.

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In an observation on at 9:50 AM, accompanied by the Administrator, the "private" (as per facility floor plan) had 2 beds and Resident #10 was in this In an interview with Resident #10 on at 9:55 AM, she stated that she sleeps in that (private has been living in the facility for approximately 1 month and the staff helps her with her medications. In an interview with the Administrator on at 10:00 AM, she stated that Resident #4 sleeps in the "private" Resident #10.

In an observation on at 10:05 AM, the (as per facility floor plan) was marked with a sign on its front door reading " and it had 2 beds inside, and no one was inside the this time. In an interview with the Administrator at this time, she stated that Resident #1 and 2 slept in

In an observation on at 10:15 AM, the #2 and 3 (as per facility floor plan) had a single entry, were marked with a sign on the front door reading ' and it presented to be 2 separate with 1 bed in each of the In an interview with the Administrator at this time, she stated that an adult day care participant used to sleep in (as per the facility floor plan) whenever her son allows her to sleep over. However, she is not currently sleeping in the facility, and that Resident #3 slept in (as per facility floor plan). It was observed at this time that Resident #3 was sleeping in her bed inside

In an observation on at 10:25 AM, the (as per facility floor plan) was marked with a sign on its front door reading There were 2 beds inside this there was no one inside the this time. In an interview with the Administrator at this time, she stated that Resident #6 and #7 slept in that It was observed at this time that Resident #6 and #7's clothes/garments were inside the closet in this

In an observation on at 10:40 AM, the (as per facility floor plan) was marked with a sign on its front door reading "employee There were 2 beds inside this Resident #4 was observed at this time watching television on a couch inside this In an interview with the Administrator at this time, she stated that is used by the facility staff to sleep in.

In an interview with the Administrator on at 11:45 AM, she stated that the facility has not applied to the Agency's assisted living unit to request for a higher capacity in the facility since the facility was operating with 7 residents which was over its licensed capacity of 6 residents.

In an interview with the Town of Haverhill's building official on at 2:10 PM, he stated that he

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is aware of the inconsistency between the county records data and the actual property and he will order a review of this property to ensure the safety and security of all occupants in the property.

In an interview with the building official on at 1:40 PM, he stated that the facility was in violation of fire and building code 105.1 by not having several aspects of the interior property built with permits, including building additional and converting the semi-finished garage area into living space with an office, a closet, a resident

In an interview with the Administrator on at 10:10 AM, she stated that the building official ordered on that and the private (as depicted in the attached floor plan) in the facility to be closed off and to remain unoccupied until the facility undergoes through a permitting process that will deem their construction safe for resident use and occupancy.

Class III

**0162-Records - Resident 58A-5.024(3) FAC**

Based on record review and interview, the facility failed to maintain resident records as required, for 3 out of 7 sampled residents (Residents #6, 7 and 10).

The findings include:

a) In an interview with the Administrator on at 11:00 AM, she stated that Resident #6 has been living in the facility for approximately 1 month. She stated the resident receives personal care assistance and medication assistance. The facility receives $1,200/month for the resident's stay and she does not have a contract with the resident for review. She stated at this time the she did not have the resident's demographic data or health assessment records for review.

b) In an interview with the Administrator on at 11:05 AM, she stated that Resident #7 has been living in the facility since . She stated the resident receives personal care assistance and medication assistance, the facility receives $800/month for the resident's stay and she does not have a contract with the resident for review. She stated at this time the she did not have the resident's demographic data or health assessment records for review.

c) In an interview with the Administrator on at 11:15 AM, she stated that Resident #10 has been living in the facility for approximately 1 month. She stated the resident receives personal care assistance and medication assistance. The facility receives $2,000/month for the resident's stay and she

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does not have a contract with the resident for review. She stated at this time the she did not have the resident's demographic data or health assessment records for review.

Class III

**Z827-Unlicensed Activity 408.812, FS**

Based on observation, record review and interview, the facility failed to obtain a license to operate as an assisted living facility to provide services to a total of 7 residents.

The findings include:

In an observation throughout the facility on from 9:25 AM to 10:45 AM, there were 2 residents in the living (Residents #1 and 2), 1 resident in the kitchen (Resident #6), 3 residents in the (Residents #10, 3 and 4) and 1 resident in the family (Resident #7). During these observations on there were a total of 7 residents identified in the facility. Review of the facility admission/discharge log indicated that Residents #1, 2, 3 and 4 were documented to be admitted to the facility.

In an interview with Resident #6 on at 9:30 AM, she stated that she sleeps in with another resident which she does not remember her name. In an observation at this time, the resident showed her which had two beds, the closet with her own clothes/garments on the left side and the other residents' personal belongings on the right side.

In an observation on at 9:50 AM, accompanied by the Administrator, the "private" (as per facility floor plan) had 2 beds and Resident #10 was in this In an interview with Resident #10 on at 9:55 AM, she stated that she sleeps in that (private has been living in the facility for approximately 1 month and the staff helps her with her medications. In an interview with the Administrator on at 10:00 AM, she stated that Resident #4 sleeps in the "private" Resident #10.

In an observation on at 10:05 AM, the (as per facility floor plan) was marked with a sign on its front door reading " and it had 2 beds inside, and no one was inside the this time. In an interview with the Administrator at this time, she stated that Residents #1 and 2 slept in #

In an observation on at 10:15 AM, the #2 and 3 (as per facility floor plan) had a

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single entry, were marked with a sign on the front door reading and it presented to be 2 separate with 1 bed in each of the . In an interview with the Administrator at this time, she stated that an adult day care participant used to sleep in (as per the facility floor plan) whenever her son allows her to sleep over, but she is not currently sleeping in the facility, and that Resident #3 slept in (as per facility floor plan). It was observed at this time that Resident #3 was sleeping in her bed inside .

In an observation on at 10:25 AM, the (as per facility floor plan) was marked with a sign on its front door reading , there were 2 beds inside this there was no one inside the this time. In an interview with the Administrator at this time, she stated that Residents #6 and 7 slept in that . It was observed at this time that Resident #6 and 7's clothes/garments were inside the closet in this .

In an observation on at 10:40 AM, the (as per facility floor plan) was marked with a sign on its front door reading "employee , there were 2 beds inside this Resident #4 was watching television on a couch inside this . In an interview with the Administrator at this time, she stated that is used by the facility staff to sleep in.

In an interview with the Administrator on at 11:00 AM, she stated that Resident #6 has been living in the facility for approximately 1 month. She stated the resident receives personal care assistance and medication assistance. The facility receives $1,200/month for the resident's stay and she does not have a contract with the resident for review. Review of the resident's medication list indicated that she received daily assistance with 13 medications in the facility.

In an interview with the Administrator on at 11:05 AM, she stated that Resident #7 has been living in the facility since . She stated the resident used to receive adult day care services in the facility. The resident now receives personal care assistance and medication assistance. The facility receives $800/month for the resident's stay and she does not have a contract with the resident for review. Review of the resident's 2014 medication observation record indicated that she received daily assistance with 12 medications in the facility.

In an interview with the Administrator on at 11:15 AM, she stated that Resident #10 has been living in the facility for approximately 1 month. She stated the resident receives personal care assistance and medication assistance. The facility receives $2,000/month for the resident's stay and she does not have a contract with the resident for review. Review of the resident's 2014 medication observation record indicated that she received daily assistance with 6 medications in the facility.

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In an interview with the Administrator on at 11:45 AM, she stated that the facility has not applied to the Agency's assisted living unit to request for a higher capacity in the facility since the facility was operating with 7 residents which was over its licensed capacity of 6 residents.

In an interview with Resident #6's daughter on at 1:15 PM, she stated that her mother has been living in the facility for approximately 1 month. She plans on having her mother move back with her to her private home in Margate, FL. She stated at this time that she did not enter into a written agreement with the facility because she was not requested to enter into an agreement by the Administrator. She stated at this time that her mother receives assistance with her activities of daily living and her medications in the facility.

In an interview with Resident #7's daughter on at 1:20 PM, she stated that her mother has been living in the facility since She did not enter into a written agreement with the facility since she was waiting for the Administrator to give her a final decision on her mother living in the facility as a resident. She stated at this time that her mother receives assistance with her activities of daily living and her medications in the facility.

In an interview with Resident #10's son on at 3:15 PM, he stated that his mother has been living in the facility for approximately 2 weeks. She receives supervision with her activities of daily living and that the facility did not enter into a written contract because he only expected his mother to stay in the facility for a couple more weeks. He stated at this time that his mother receives assistance with her activities of daily living and her medications in the facility.

Unclassified

0000-INITIAL COMMENTS

CCR#2014000725

A complaint inspection was conducted on The Open Arms assisted living facility was not found to be in compliance during this visit.

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**0001-GENERAL LICENSURE STANDARD 429.907(1) (2), 58A-6.003(1)**
Based on observation, record review and interview, the center failed to obtain a license to provide adult day care services at this location.

The findings are:

In an observation throughout the facility on from 9:25 AM to 10:45 AM there was 1 participant in the living (Participant #5), 1 participant in the (Participant #8) and 1 participant in the family (Participant #9). During these observations on , there were a total of 3 participants identified in the facility.

Review of the adult day care agreement dated on indicated that Participant #9 was to come to the facility at 6:30 AM and leave at 6:30 PM daily and receive medication and personal care supervision while in the facility.

In an observation on at 10:40 AM, the (as per facility floor plan) was marked with a sign on its front door reading "employee . Participant #8 was watching television on a couch inside this .

In an interview with the Administrator on at 11:10 AM, she stated that participant is an adult day care participant. The participant receives personal care assistance and no medication assistance. She stated at this time that her sister drops the participant off about 7 AM and picks her up by 6 PM every day. Review of the participant's adult day care agreement dated on indicated that the participant was to come to the facility at 6:30 am and leave at 6:30 pm daily and receive medication and personal care supervision while in the facility.

In an interview with the Administrator on at 11:45 AM, she stated that she does not have the adult day care agreement for Participant #5 for review.

In an interview with Participant #5's son on at 1:50 PM, he stated that his mother receives adult day care services in the facility from 8AM to 6 PM, Monday through Friday. She has been going there for approximately 4 years and she receives supervision with her activities of daily living but no assistance with medications. He stated at this time that the Administrator the facility as a provider of adult day care services when he first considered his mother for these services.

In an interview with the Administrator on at 2:00 PM, she stated that she has never requested the Agency's assisted living unit for any type of clearance or permission to offer adult day care services

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in the facility because she was not aware that the facility needed any type of clearance. She stated at this time that she does not have any other type of authorization to operate an adult day care business, including any permission from the city or county.

In an interview with Participant #9's son on at 1:25 PM, he stated that he was currently onsite at the facility and that his mother primarily receives adult day care services there. He stated at this time that he usually drops his mother off at the facility early in the morning and picks her up late in the afternoon. He stated at this time that the Administrator described the facility offering adult day care services approximately a year ago and that the adult day care services included his mother receiving morning bathing assistance and assistance with self-administration of her medicated cream, which is applied by the staff between his mother's toes.

In an interview with the Town Haverhill's building official on at 1:40 PM, he stated that the facility was in violation of operating an adult day care business without permission from the municipality.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Open Arms ALF
4652 Belvedere Road
West Palm Beach, FL 33415

Dear Administrator:

Re: CCR #201400725

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 3020
XG90

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