

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105577	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/07/2024
NAME OF PROVIDER OR SUPPLIER  Palm Garden of Orlando		STREET ADDRESS, CITY, STATE, ZIP CODE  654 N Econlockhatchee Trail Orlando, FL 32825	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40892</p> <p>Based on interview, and record review, the facility failed to refer a resident with a newly evident mental disorder for Level II Preadmission Screening and Resident Review (PASARR) evaluation and determination for 1 of 3 residents reviewed for PASARR, of a total sample of 45 residents, (#72).</p> <p>Findings:</p> <p>Resident # 72's medical record revealed she was admitted to the facility on [DATE] with diagnoses including Parkinson's and diabetes mellitus, bipolar disorder, depression, schizoaffective disorder, and anxiety.</p> <p>The MDS Significant Change assessment with reference date 8/27/24 revealed resident #72 had severe cognitive impairment. The document indicated her active diagnoses included anxiety disorder, depression (other than bipolar), and schizophrenia.</p> <p>Resident #72's medical record revealed diagnoses of anxiety disorder and bipolar disorder with an onset date of 3/31/24 and schizoaffective disorder with an onset date of 7/23/24. The record contained a Level I PASARR screening form dated 3/11/23 which indicated resident #72 had an Mental Illness (MI) or suspected MI. The record did not contain a Level II PASARR screening form.</p> <p>On 11/07/24 at 1:04 PM, the Social Services Director (SSD) stated that a new admission from the hospital should have a Level I PASARR screening completed by the hospital before admission. She noted the clinical team reviews the PASARRs upon admission. She said the Director of Nursing completed a new PASARR if it was inaccurate or if the resident received an MI diagnosis after admission.</p> <p>On 11/07/24 at 1:35 PM, the Assistant Director of Nursing (ADON) stated that the PASARR was reviewed and updated by the Director of Nursing (DON). The ADON acknowledged resident #72's level I PASARR was inaccurate and needed updating.</p> <p>The facility's policy and procedure for Pre-admission Screening for Serious Mental Illness (SMI) and Intellectually Disabled (ID) Individuals (PASRR), revised July 2021, read, If it is learned after admission that a Serious Mental Illness (SMI) or Intellectually Disabled (ID) Level II screening is indicated, it will be the responsibility of Social Services to coordinate and/or inform the appropriate agency to conduct the screening and obtain the results.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0847</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.</p> <p>45646</p> <p>Based on interview, and record review, the facility failed to ensure the binding arbitration agreement explicitly granted the resident or their representative the right to rescind the agreement within 30 calendar days of signing it for 76 of 76 residents who signed the arbitration agreement during the time of the survey.</p> <p>Findings:</p> <p>Review of the log provided by the facility at the time of survey revealed 76 of the current 125 residents signed the facility's arbitration agreement.</p> <p>On 11/07/24 at 12:35 PM, the Director of Guest Services stated she was responsible for meeting with the resident/resident representative post-admission to get the admission packet signed. She verified the admission agreement included the arbitration agreement. She stated she reviewed the arbitration agreement with the resident/representative, explained what arbitration meant and answered any questions asked. The Director of Guest Services explained the arbitration agreement was voluntary, but she was not aware of how long the resident/resident representative had to rescind the agreement if they changed their mind about signing.</p> <p>Review of the facility's undated, Voluntary Binding Arbitration Agreement revealed the document was voluntary and was not a requirement for admission. The document explained what an arbitration was and indicated the document could be rescinded within 30 days of the resident's date of admission to the facility, not within 30 days of signing the agreement.</p> <p>On 11/07/24 at 1:35 PM, the Administrator confirmed the admission agreement which included the arbitration agreement was generally signed after residents were admitted to the facility. He reviewed the rescind clause in the arbitration agreement. The Administrator acknowledged the wording of the agreement did not explicitly grant the resident/resident representative 30 days from the date of signing to rescind the agreement. He agreed the resident/resident representative would not have 30 days to rescind the agreement if it were signed after admission which would not meet the requirement of 30 days from the date of signature.</p>		

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>40892</p> <p>Based on interview, and record review, the facility failed to ensure the Quality Assessment &amp; Assurance (QAA) /Quality Assurance and Performance Improvement (QAPI) committee conducted performance improvement activities to ensure prior improvement measures were sustained for accuracy of Preadmission Screening and Resident Review (PASARR).</p> <p>Findings:</p> <p>Review of the policy and procedure, dated 2/20/18, revealed the center must take action aimed at performance improvement and after implementing those actions, measure its success, and track performance to ensure that improvements were realized and sustained.</p> <p>The facility had a deficiency cited at F644 for concerns with PASARR screening inaccuracies and standard of care during the previous recertification survey conducted 2/13/23 through 2/16/23.</p> <p>During this survey, similar concerns were identified leading to determination of noncompliance at F644 due to insufficient auditing and oversight which resulted in a repeat deficiency.</p> <p>On 11/7/24 at 2:22 PM, the Administrator stated the facility had a monthly QAPI committee meeting. He noted that the QAPI committee reviewed cited deficiencies. He said that the QAPI committee addressed concerns as they were identified. The Administrator stated the QAPI committee would create a performance improvement plan to address the problem and bring it back into compliance. The Administrator reviewed the current survey concerns. He acknowledged the repeated citation from the previous recertification survey and stated the process had failed.</p>