

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/23/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DISCOVERY VILLAGE AT MELBOURNE

**3260 N HARBOR CITY BLVD
MELBOURNE, FL 32935**

(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 SS=D	<p>58A-5.0191() FAC Training - Staff In-Service</p> <p>(2) STAFF PRESERVICE ORIENTATION.</p> <p>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).</p> <p>(b) New staff must complete the preservice orientation prior to interacting with residents.</p> <p>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.</p> <p>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:</p> <ol style="list-style-type: none"> 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. <p>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:</p> <p>(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. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement.</p> <p>(b) Staff who provide direct care to residents</p>	A 081		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 081	<p>Continued From page 1</p> <p>must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. <p>(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:</p> <ol style="list-style-type: none"> 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. <p>(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:</p> <ol style="list-style-type: none"> 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. <p>(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.</p> <p>(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.</p> <ol style="list-style-type: none"> 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 	A 081		

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A 081	<p>Continued From page 2</p> <p>understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure that 1 of 5 sampled staff received the required in-service training (C).</p> <p>Findings:</p> <p>Caregiver C's personnel record revealed a date of hire on . The record did not contain any documentation to confirm that she had received a minimum of 1-hour of in-service training within 30 days of employment in safe food handling practices.</p> <p>On at 4:20 PM, the business office manager said caregiver C served food and assisted the residents with their food. She said she could not locate documentation to confirm caregiver C received the safe food handling practices training as required.</p> <p>Class III</p>	A 081		
A 085 SS=D	<p>58A-5.0191(7) FAC Training - Nutrition & Food Service</p> <p>(7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to</p>	A 085		

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A 085	<p>Continued From page 3</p> <p>administrators and designees who are exempt from training requirements under paragraph 58A-5.020(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service.</p> <p>This Statute or Rule is not met as evidenced by: Based on food service certificates and interview, the director of culinary who was responsible for the facility's food service, did not obtain a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an assisted living facility (ALF) that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian.</p> <p>Findings:</p> <p>On at 12:30 PM, the Director of Culinary said she was the staff who was responsible for the facility's food service and she had worked at the facility for 4 years.</p> <p>The Business office manager was asked on at 1 PM, to provide evidence of a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian.</p> <p>The Director of Culinary provided certificates regarding food service that were not for 2 hours, and not provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian.</p>	A 085			

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A 085	Continued From page 4 On at 1:30 PM, the Director of Culinary said she did not have the training yearly as required. Class III	A 085		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must 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, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C. (c) Any 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) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable. (e) The resident care record described in	A 162		

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A 162	Continued From page 5 paragraph 58A-5.0182(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that 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 that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of 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, 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 in Section 429.27, F.S. (k) For any facility that 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 in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____, (_____), CF-ES 1006, _____, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004 . The absence of this form will not be	A 162			

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A 162	<p>Continued From page 6</p> <p>the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.</p> <p>(m) Documentation of the . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> <p>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C.</p> <p>(o) The resident 's DH Form 1896, if applicable.</p> <p>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility:</p> <ol style="list-style-type: none"> 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment 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 therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. <p>(q) Except for resident contracts, which must be retained for 5 years, all resident records must 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</p>	A 162			

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A 162	<p>Continued From page 7</p> <p>of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.</p> <p>(r) 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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure semi-annual _____ for 2 of 7 residents sampled who required assistance with Activities of Daily Living (ADLs) were recorded and maintained (#9 & 17).</p> <p>Findings:</p> <p>1. Resident #9's record revealed an admission date of _____. Her admission health assessment reflected that she required assistance with ADLs. The facility was unable to provide any documentation of _____ obtained from _____.</p> <p>On _____ at 3:20 PM, the nursing director stated she was unable to obtain the _____ record book kept by the assistant nursing director who was off on the day of the survey.</p> <p>2. Resident #17's record revealed an admission date of _____. The 1823 Health Assessment, dated _____, documented that assistance was needed with ADLs. There was no documentation of _____ as required by the facility for _____ and _____.</p> <p>Photographic evidence obtained.</p> <p>On _____ at 2:30 PM, an interview with the</p>	A 162		

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A 162	Continued From page 8 Director of Nursing confirmed the findings. Class III	A 162		
A 167 SS=B	58A-5.025 FAC; 429.24 FS Resident Contracts 58A-5.025 (1) Pursuant to Section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain 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 that the resident elects to receive; (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 that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before 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 that must 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 responsible party must notify the facility in writing	A 167		

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A 167	<p>Continued From page 9</p> <p>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 prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;</p> <p>(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;</p> <p>(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in Section 429.26(8), F.S., will take effect;</p> <p>(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;</p> <p>(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</p>	A 167			

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A 167	<p>Continued From page 10</p> <p>pursuant to subsection (8) of that rule; and (m) The facility's policies and procedures related to a properly executed DH Form 1896,</p> <p>(2) The resident, or the resident's representative, must be provided with a copy of the executed contract.</p> <p>(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.</p> <p>429.24 FS</p> <p>(2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance</p>	A 167		

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A 167	<p>Continued From page 11</p> <p>of the contract agreement or as advance rent for other than the next immediate rental period:</p> <p>(a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident.</p> <p>(b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits.</p> <p>(3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or ...</p> <p>(b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee.</p> <p>(c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.</p> <p>(4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility.</p>	A 167			

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A 167	<p>Continued From page 12</p> <p>(5) Neither the contract nor any provision thereof relieves any licensee of any requirement or ... imposed upon it by this part or rules adopted under this part.</p> <p>(6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055.</p> <p>(7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's ... or relocation due to ... hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units.</p> <p>(8) The department may by rule clarify terms, establish procedures, clarify refund policies and contract provisions, and specify documentation as necessary to administer this section.</p> <p>This Statute or Rule is not met as evidenced by: Based on resident interview, resident contract agreement, and interview, the facility failed to notify residents in writing as required about the Change of Ownership (CHOW) that occurred on ... for 10 of 10 interviewed sampled residents (#3, #5, #6, #7, #8, #9, #10, #11, #17 and #18).</p>	A 167			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/23/2019
NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT MELBOURNE			STREET ADDRESS, CITY, STATE, ZIP CODE 3260 N HARBOR CITY BLVD MELBOURNE, FL 32935		
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A 167	Continued From page 13 Findings: On, a sample of 10 resident interviewed were asked if they were notified in writing of the CHOW. All ten (10) residents answered that they did not know about the Change of Ownership that occurred and did not receive any letters regarding the Change of Ownership. Resident #9 and #17 record review revealed contract agreements and addendums had no written documentation regarding the CHOW on file. On at 3:20 PM, an interview with the Business Office Manager confirmed the findings. Class	A 167			
AN278 SS=D	58A-5.031(3) FAC; 429.07 (3)(c)2, FS LNS - Records 58A-5.031(3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services. The report must describe the type,	AN278			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DISCOVERY VILLAGE AT MELBOURNE

**3260 N HARBOR CITY BLVD
MELBOURNE, FL 32935**

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AN278	<p>Continued From page 14</p> <p>amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health.</p> <p>This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to maintain nursing progress notes for 1 of 7 sampled residents (#12) who received a Limited Nursing Service (LNS.)</p> <p>Findings:</p> <p>The facility holds a specialty Limited Nursing Service (LNS) license.</p> <p>On _____ at 10:45 a.m. nurse E identified resident #12 and said she received an LNS for _____</p> <p>A health care provider's order, dated _____, indicated that she is to use _____ at 3 liters per minute continuously via _____</p> <p>Review of her _____ LNS nursing progress notes revealed that notes were not maintained on _____, _____, and _____, as required.</p> <p>At 3 p.m. nurse E confirmed the findings and was unable to provide additional documentation.</p> <p>Photographic evidence obtained.</p> <p>Class III</p>	AN278		
A 000	<p>Initial Comments</p> <p>A Change of Ownership (CHOW) survey with Limited Nursing Services and Complaint Investigation #2019011636 were conducted on _____</p>	A 000		

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A 000	Continued From page 15 Discovery Village at Melbourne had deficiencies at the time of the visit.	A 000		
A 008 SS=B	429.26() FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the	A 008		

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A 008	Continued From page 16 agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of	A 008			

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A 008	<p>Continued From page 17</p> <p>residents who are recipients of _____ require such assistance.</p> <p>58A-5.0181</p> <p>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.</p> <p>(a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following:</p> <ol style="list-style-type: none"> 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or _____ services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of _____ or any other communicable _____, which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be 	A 008			

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A 008	<p>Continued From page 18</p> <p>conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.</p> <p>(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.</p> <p>1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.</p> <p>2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.</p> <p>3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.</p> <p>(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission.</p> <p>(d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30</p>	A 008		

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A 008	<p>Continued From page 19</p> <p>days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule.</p> <p>(f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida _____ Form, for residents who do not wish _____ to be administered in the case of _____ or _____.</p> <p>(g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a completed Agency for Health Care Administration (AHCA) Health Assessment Form 1823 by a healthcare provider as required for 1 of 2 sampled residents who needs assistance with Activities of Daily Living (ADLs)</p>	A 008			

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DISCOVERY VILLAGE AT MELBOURNE

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A 008	Continued From page 20 (#17). Findings: Resident #17's record revealed an admission date An 1823 Health Assessment Form, dated . . . / 18 reflected that resident #17 needed assistance with ADLs for bathing, supervision with ambulation and independent with eating, toileting, grooming, and transferring. The 1823 Health Assessment Form on page 2 section D's answer to the question if the individual's needs can be met in an assisted living facility was "No". Photographic evidence was obtained. On at 1:30 PM, an interview with the Director of Nursing confirmed the findings. Class	A 008		
A 025 SS=G	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to	A 025		

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A 025	<p>Continued From page 21</p> <p>treat the condition.</p> <p>58A-5.0182</p> <p>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.</p> <p>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:</p> <p>(a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C.</p> <p>(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 resident.</p> <p>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.</p> <p>(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.</p> <p>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.</p> <p>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.</p> <p>This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide care and services to meet the needs of residents by failing to notify a health care provider when 1 of 7 sampled residents had a and a hospital visit</p>	A 025			

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A 025	<p>Continued From page 22</p> <p>(#3), and failed to ensure effective staff communication occurred to prevent the risk of further injuries to 1 of 7 sampled residents who sustained a (#3).</p> <p>Findings:</p> <p>Observations made upon entering resident #3's room with the memory care director on at 11:50 a.m. revealed the resident sat in a chair. Caregiver G had both of her arms under his left arm preparing to assist him to a standing position. At the same time, his wife was standing behind the caregiver yelling at her and telling her that she cannot lift the resident like that. The caregiver said she would go get someone to help her and she exited the room.</p> <p>At 11:50 a.m. on, his wife said she believed staff were not communicating with each other. She said the resident last Thursday and his left She said she told caregiver G twice that morning not to pick him up on his left side. She said his was not at the hospital and was done later at the facility.</p> <p>At 12:09 p.m. on, caregiver G said that she was unaware that the resident had a She said the staff communicate the resident's care needs by documenting in a book. She said she looked in the book that morning but did not see anything documented to indicate that he had a, and said no staff told her about the</p> <p>Review of the book revealed no documentation to indicate each shift communicated to the next that he had a</p>	A 025		

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A 025	<p>Continued From page 23</p> <p>At 12:17 p.m. on _____, the resident's nurse H said she learned of the _____ that morning. She said she only communicates changes to the caregivers, and when she initially spoke with caregiver G that morning, she was not aware herself of the _____. She said it wasn't until later that she learned of it, but she did not return to caregiver G to give her an updated report.</p> <p>At 12:24 p.m. on _____, the memory care director said the staff should be notified by the previous shift of resident changes and the nurses communicate with the caregivers regarding any _____ or injuries. She said the nurses also communicate with each other in a log. She said she learned of the resident's _____ that morning and had not communicated that to caregiver G.</p> <p>At 12:34 p.m. on _____, the nurse's communication log did not contain any documentation on _____ and _____. Charge nurse J said a report is written each day, even when there are no changes, and the nurses will just document "nothing to report". She could not explain why there was nothing documented on those dates.</p> <p>Resident #3's record revealed a facility admission date of _____. His current 1823 health assessment form, dated _____, indicated that his diagnoses included _____ and memory loss. He had an unsteady gait and he was a risk.</p> <p>Documentation in the record indicated that on _____ at 7 p.m., he was walking fast in the common area of memory care and was leaning forward. He gained momentum while walking and stumbled forward, landing on his left side. He sustained a _____ on his _____ and _____.</p>	A 025		

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A 025	Continued From page 24 complained of left He was sent to the hospital and returned to the facility at 10:46 p.m. There was no documentation to indicate a health care provider was notified of the and hospital visit. On, the resident was on Hospice and was seen by a hospice nurse who ordered an of his left He had and accompanied by He did not want to move his left arm as much as his right and he required additional assistance with mobility. The results indicated that he had an acute of his left The facility's failure to ensure that effective and thorough communication occurred between the caregivers and nurses placed resident #3 at risk for further injury to his On at 3 p.m., the director of nursing confirmed the findings and was unable to provide additional documentation. Photographic evidence obtained. Class II	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (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 Program must be posted in full view in a freely accessible resident area, and included in the	A 030		

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A 030	<p>Continued From page 25</p> <p>admission package provided pursuant to rule 58A-5.0181, F.A.C.</p> <p>(b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow 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.</p> <p>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96-_____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.</p> <p>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:</p> <ol style="list-style-type: none"> 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and universal precautions; and, 	A 030		

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER DISCOVERY VILLAGE AT MELBOURNE			STREET ADDRESS, CITY, STATE, ZIP CODE 3260 N HARBOR CITY BLVD MELBOURNE, FL 32935		
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A 030	<p>Continued From page 26</p> <p>8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must 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 must allow 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 must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical _____ by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical _____.</p> <p>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</p>	A 030			

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A 030	Continued From page 27 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 pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the 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 room with 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.	A 030			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DISCOVERY VILLAGE AT MELBOURNE

**3260 N HARBOR CITY BLVD
MELBOURNE, FL 32935**

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A 030	Continued From page 28 (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making _____ for health care services, the provision of or arrangement of transportation to health care _____, and the performance of health care services in accordance with s. 429.255 which are 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 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. (2) The administrator of a facility shall ensure that	A 030		

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A 030	<p>Continued From page 29</p> <p>a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident 's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and _____, Rights Florida.</p> <p>429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated _____ or _____ under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or</p>	A 030			

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A 030	<p>Continued From page 30</p> <p>representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to follow its grievance procedure when resident concerns were presented.</p> <p>Findings:</p> <p>The facility's resident complaint/grievance procedure indicates that the resident's monthly meeting is used as a medium for residents to express complaints or grievances and that the interventions done to address them will be documented.</p> <p>On , a resident town hall meeting was held, and the documented minutes indicated that residents complained "when ordering off the menu, often told they are out of items or didn't prep any of that for the night" and "the kitchen has been running out of glasses and silverware." There was no documented facility response to the complaints.</p> <p>On at 3:28 p.m., the director of recreation and events confirmed the findings and was unable to provide additional documentation.</p> <p>Photographic evidence obtained.</p>	A 030		

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A 030	Continued From page 31	A 030		
	Class III			
A 078 SS=D	<p>58A-5.019(2) FAC Staffing Standards - Staff</p> <p>(2) STAFF:</p> <p>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.</p> <p>1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of</p> <p>2. If any staff member has, or is suspected of having, a communicable, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable</p> <p>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience.</p>	A 078		

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A 078	<p>Continued From page 32</p> <p>Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.</p> <p>(c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C.</p> <p>(d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. <p>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 4 sampled staff had a written statement from a health care provider documenting they did not have signs or symptoms of a communicable (B & E).</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Staff B's personnel record revealed a hire date 	A 078			

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A 078	<p>Continued From page 33</p> <p>on An electronically signed statement was dated that noted the staff was free from communicable Further review of the form revealed the electronically signed statement did not note the credentials of the person making the statement. There was no documentation to confirm if the person who electronically signed the form was a licensed health care provider as required.</p> <p>On at 4:20 PM, the business office manager confirmed the findings.</p> <p>2. Nurse E's personnel record revealed a date of hire on, and contained a written statement documenting freedom from communicable However, the signature of the examiner and the date were illegible, and there was no printed information elsewhere to assist in identifying who signed the document.</p> <p>On at 3:45 p.m., the business office manager confirmed the findings and she too could not identify the signature.</p> <p>Photographic evidence obtained.</p> <p>Class III</p>	A 078			