

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942934	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2019
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NAME OF PROVIDER OR SUPPLIER GRAND COURT ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 295 SW 4TH AVENUE POMPAN0 BEACH, FL 33060
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CZ815 SS=C	<p>408.809; 435.02(2); 435.06 FS Background Screening; Prohibited Offenses</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435:</p> <p>(a) The licensee, if an individual.</p> <p>(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.</p> <p>(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.</p> <p>(d) Any person who is a controlling interest.</p> <p>(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, _____ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or _____ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.</p> <p>(3) All _____ must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The</p>	CZ815		

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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CZ815	<p>Continued From page 1</p> <p>qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.</p> <p>(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:</p> <p>(a) Any authorizing statutes, if the offense was a felony.</p> <p>(b) This chapter, if the offense was a felony.</p> <p>(c) Section 409.920, relating to Medicaid provider fraud.</p> <p>(d) Section 409.9201, relating to Medicaid fraud.</p> <p>(e) Section 741.28, relating to domestic violence.</p> <p>(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.</p> <p>(g) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.</p> <p>(h) Section 817.234, relating to false and fraudulent insurance claims.</p> <p>(i) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.</p> <p>(j) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.</p> <p>(k) Section 817.505, relating to patient brokering.</p> <p>(l) Section 817.568, relating to criminal use of personal identification information.</p>	CZ815		

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CZ815	<p>Continued From page 2</p> <p>(m) Section 817.60, relating to obtaining a credit card through fraudulent means.</p> <p>(n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.</p> <p>(o) Section 831.01, relating to forgery.</p> <p>(p) Section 831.02, relating to uttering forged instruments.</p> <p>(q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.</p> <p>(r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.</p> <p>(s) Section 831.30, relating to fraud in obtaining medicinal drugs.</p> <p>(t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.</p> <p>(u) Section 895.03, relating to racketeering and collection of unlawful debts.</p> <p>(v) Section 896.101, relating to the Florida Money Laundering Act.</p> <p>If, upon rescreening, a person who is currently employed or _____ with a licensee as of _____, and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.</p> <p>(5) A person who serves as a controlling interest</p>	CZ815		
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CZ815	Continued From page 3 of, is employed by, or contracts with a licensee on _____, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by _____, in compliance with the following schedule. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person. The rescreening schedule shall be: (a) Individuals for whom the last screening was conducted on or before _____ must be rescreened by _____ (b) Individuals for whom the last screening conducted was between _____ and _____, must be rescreened by _____ (c) Individuals for whom the last screening conducted was between _____ through _____, must be rescreened by _____ (6) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.	CZ815			

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CZ815	<p>Continued From page 4</p> <p>(7)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:</p> <ol style="list-style-type: none"> Does not have an active professional license or certification from the Department of Health; or Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. <p>(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.</p> <p>(8) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining _____ pursuant to s. 943.05(2).</p> <p>(9) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.</p> <p>435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial</p>	CZ815			

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CZ815	<p>Continued From page 5</p> <p>or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.</p> <p>(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any _____ person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any _____ person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.</p> <p>(b) If an employer becomes aware that an employee has been _____ for a disqualifying offense, the employer must remove the employee from contact with any _____ person that places the employee in a role that requires background screening until the _____ is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.</p> <p>(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required</p>	CZ815		

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CZ815	<p>Continued From page 6</p> <p>unless the employee is granted an exemption from disqualification pursuant to s. 435.07.</p> <p>(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.</p> <p>(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including _____, if required, must be disqualified for employment in such position or, if employed, must be dismissed.</p> <p>(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or _____ for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was _____, regardless of whether or not that person has filed for an exemption pursuant to this chapter.</p> <p>435.02 Definitions.-For the purposes of this chapter, the term:</p> <p>(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.</p> <p>This Statute or Rule is not met as evidenced by:</p>	CZ815		

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CZ815	<p>Continued From page 7</p> <p>Based on record review and interviews, it was evident that the facility failed to conduct a background screening for 1 of 3 smpled employees (Employee A).</p> <p>The findings included:</p> <p>On _____ during employees' record review, it was noted that Employee A was hired on _____. However, review of Employee A's background showed an eligibility date of _____ processed by the facility.</p> <p>During an interview with the Business Office Manager (BOM) on _____ at 11:32 AM, she clarified that Employee A was first hired in _____ and had her background screening then. However, Employee A terminated her employment with the facility in _____. Then, Employee A was rehired the 28th of _____, 2019, more than 90 days after her departure from the facility in _____. Yet, another background screening was not done.</p> <p>During an interview with the Administrator on _____ at 11:15 AM, she acknowledged the findings.</p> <p>Unclassified</p>	CZ815		

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A 000	<p>Initial Comments</p> <p>A relicensure survey was conducted at Grand Court ALF on through The facility had deficiencies at the time of the survey.</p> <p>This survey was conducted in conjunction with the licensure complaint revisit survey to #2018015493 and 2018018042 on the same date. See separate report for findings.</p>	A 000		
A 008 SS=D	<p>429.26() FS; 58A-5.0181(2) FAC Admissions - Health Assessment</p> <p>429.26</p> <p>(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.</p> <p>(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</p>	A 008		

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A 008	<p>Continued From page 1</p> <p>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 agency during inspection by the agency or upon request.</p> <p>(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</p>	A 008		
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A 008	<p>Continued From page 2</p> <p>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 residents who are recipients of _____ require such assistance.</p> <p>58A-5.0181 (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. (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, 	A 008		

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A 008	<p>Continued From page 3</p> <p>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.</p> <p>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 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</p>	A 008			

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A 008	<p>Continued From page 4</p> <p>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 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).</p> <p>(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</p>	A 008		

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A 008	<p>Continued From page 5 admission.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the Florida Health Assessment (AHCA form 1823) was accurate and complete, for 3 of 7 records reviewed. (Residents # 9, #23 & #29).</p> <p>The findings included:</p> <p>On _____, a review of the resident records was conducted. It was revealed that the following records were inaccurate and missing information:</p> <p>a) Resident # 9 suffers from _____ Prostatic Hyperplasia and _____. He is alert and oriented x 2, He is forgetful and _____. Under the section of _____ Nursing/Treatment/_____/Service requirements: Medication Management. He is a _____ precaution. He is also an elopement risk.</p> <p>A review of the facility list for residents receiving extended congregate care includes Resident # 9. He has an _____ . This information is missing from the Health Assessment form. A review of the Resident Service Plan dated _____ indicates the resident takes care of the _____ himself with the staff.</p> <p>b) On _____ a review of the AHCA form 1823 was conducted for Resident # 31. The form was dated _____. The resident suffers from the following diagnosis: Restless _____ Tremors, _____ fibrillation, _____, _____, Pacer, _____ . She requires assistance with _____</p>	A 008		
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A 008	<p>Continued From page 6</p> <p>ambulation, toileting and transfers. She is independent with eating and grooming. She requires supervision with bathing and grooming. Under the section of Nursing/Treatment/ and services: Medication management.</p> <p>Review of the list of residents under the extended congregate care services (ECC) revealed that Resident # 31 is listed to receive _____ care from the facility. The AHCA form 1823 does not reflect that the resident has a _____.</p> <p>On _____ at 09:45 AM, an interview and observation of Resident # 31 was conducted. She stated she did have a _____ bag and she cares for it herself. She says she is independent.</p> <p>c) Review of the file for Resident #23 revealed two AHCA form 1823 with different information, both were observed undated. One form states that the resident requires assistance with self-administration of medications and the other form was left blank on the section that asks what kind of assistance is needed for the resident. Each form was observed to have different information under the medical history and diagnosis section, making the residents needs unclear and inconsistent with the information provided.</p> <p>On _____ at 02:00 PM, an interview was conducted with the Director of Nursing (DON). The findings were discussed acknowledged the findings, no additional information was provided for review.</p> <p>Class III</p>	A 008			

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A 010 SS=D	<p>429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency</p> <p>429.26</p> <p>(1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.</p> <p>(9) A _____, ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met.</p> <p>58A-5.0181</p> <p>(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection,</p>	A 010			

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A 010	<p>Continued From page 8</p> <p>criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:</p> <p>(a) The resident may be bedridden for no more than 7 consecutive days.</p> <p>(b) A resident requiring care of a . . . may be retained provided that:</p> <ol style="list-style-type: none"> 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. <p>(c) A . . . ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:</p> <ol style="list-style-type: none"> 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 	A 010		
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A 010	<p>Continued From page 9</p> <p>2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;</p> <p>3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,</p> <p>4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure a new Agency for Health Care Administration Health Assessment (AHCA Form 1823) was obtained upon a significant change, and reflective of the residents current care needs, for 1 of 6 sampled residents (Resident #23).</p> <p>The findings included:</p> <p>Review of the file for Resident #23 revealed two</p>	A 010			

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A 010	<p>Continued From page 10</p> <p>AHCA form 1823 with different information, both were observed undated. One form states that the resident requires assistance with self-administration of medications and the other form was left blank on the section that asks what kind of assistance is needed for the resident. Each form was observed to have different information under the medical history and diagnosis section, making the residents needs unclear and inconsistent with the information provided.</p> <p>During an interview with Staff D on _____ between the times of 10:30 AM and 11:30 AM, it was stated that Resident #23 is on Hospice, and has been for the last couple of years. During this time Resident #23 was observed sitting in her wheelchair at the dining table making movements with her _____ as though she was eating something and there was nothing in front of her. The resident is non-verbal and unable to communicate her needs to staff when spoken too. None of the information provided by Staff D or observed of Staff D on _____ was consistent with the information documented on the resident's 1823 forms.</p> <p>Review of the Hospice file for Resident #23 revealed a Hospice re-certification form dated for _____ that revealed that the resident is bed bound, non-verbal, and completely total and dependent for all ADL's.</p> <p>During an interview with the Administrator and the DON on _____ at 2:30 PM regarding Resident #23's significant changes, the findings were discussed and acknowledged. No additional information was provided for review during this time.</p>	A 010		
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A 010	Continued From page 11 Class III	A 010		
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 admission package provided pursuant to rule 58A-5.0181, F.A.C. (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. (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. (d) The facility must have a written statement of its house rules and procedures that must be	A 030		

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A 030	<p>Continued From page 12</p> <p>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, 8. The requirements for coordinating the delivery of services to residents by third party providers. <p>(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.</p> <p>(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.</p> <p>(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,</p>	A 030		

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A 030	<p>Continued From page 13</p> <p>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:</p> <p>(a) Live in a safe and decent living environment, free from and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or</p>	A 030		

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A 030	<p>Continued From page 14</p> <p>attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.</p> <p>(g) Share a room with his or her spouse if both are residents of the facility.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	A 030		
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A 030	<p>Continued From page 15</p> <p>provided herein, the facility shall show good cause in a court of competent jurisdiction.</p> <p>(1) 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.</p> <p>(2) The administrator of a facility shall ensure that 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</p>	A 030		
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A 030	<p>Continued From page 16</p> <p>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.</p> <p>(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 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 observation and interview, the facility failed to document and resolve grievances, and treat all residence with consideration and with due recognition of personal dignity for all sampled residents (32 of 32) residing at the facility.</p> <p>The findings included:</p> <p>On , review of the facility's Grievance Log Book revealed that the there is one entry for the year for the months of through regarding a smoke-like smell inside of the facility.</p>	A 030		

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A 030	<p>Continued From page 17</p> <p>On _____ at 10:20 AM, an interview was conducted with Resident #12 indicating that they have been complaining about the quality of the food. He stated there is a man on Section B that roams in and out of the ladies room. He says he has complained about these things in the past. These concerns were not mentioned in the grievance log or resolved.</p> <p>On _____ at 12:05 PM, an interview was conducted with the resident # 32. He stated there are residents that roam in and out of the rooms. He stated there are residents _____ in and out of the wrong rooms because they are _____. He says when you complain, The Administrator doesn't do anything about it. He says one night a lady came in and stuffed her pants in their toilet. He says people _____ in and out of the room and go out thru the sliding glass doors all of the time.</p> <p>On _____ at 12:30 PM, an interview was conducted with Resident # 30. She stated a man came into her room and that she has told the Administrator. She stated nothing is ever done about it. She stated that they also don't have enough staff working on the weekends. She says she calls for help and no one answers. She says they complain about the food also and nothing is ever done.</p> <p>On _____ at 2:00 PM, an interview was conducted with the Resident Council President. He stated they had a Resident Council meeting yesterday. The following concerns were discussed:</p> <ol style="list-style-type: none"> 1. He stated the residents in the second seating stated that the kitchen is always running 	A 030		
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A 030	<p>Continued From page 18</p> <p>out of food. Last week Brisket was served on the 1st seating and they were out of food on the second seating. He says they don't have enough.</p> <p>2. He stated they currently don't have any weekend activities. He stated he has requested this in the past.</p> <p>3. He says they don't have enough staff on the weekend. He says last weekend they had 1 Med Tech on duty. He says they had to call someone in to work. He says the med's were late. He says the Administrator was not present.</p> <p>4. The phones at the front desk go unanswered. He says the receptionist leaves in the evening. When the residents need help they have to yell from their rooms to get assistance.</p> <p>5. He says the residents in the general area suffer from _____ and they roam from room-to-room. He says one of the residents complained about a man coming into her room last night. He stated it was a new resident. He says one night a naked man came into his room. He stated the above concerns have been on-going issues. A review of the Resident Council minutes, do not reveal a resolution to concerns expressed by the Resident Council.</p> <p>On _____ at 8:42 AM, the Surveyor was standing at the Receptionist desk. Resident # 30 was overheard telling the Director of Nursing (DON) that once again a Male resident came into her room this morning while she was getting dressed. She advised the DON that this is the third time that she has reported this and nothing has been done. The concern/complaint was not logged.</p>	A 030		

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A 030	<p>Continued From page 19</p> <p>On at 12:30 PM, an interview was conducted with the Administrator, DON and the Corporate Executive. They were advised of the findings.</p> <p>B. Confidential family interview revealed that the staff always have someone else's clothes on some of the residents even though their family member have all of their clothes located inside of their room with their names on the inside and that the staff does not change their family member often enough. It was further stated that a few times when she came in her family member looked uncomfortable and that when looked her bra was put on twisted and so tight to where the skin underneath was red.</p> <p>Observations of a Resident #24 on between the times of 12:00 PM and 2:00 PM in the memory care unit with the family revealed that the family member took a sweater off of Resident #24 and handed it to Staff E and stated that this does not belong to her, all of her clothes have her name on the inside. Staff E took the sweater balled it up and was observed putting it in the closet of a random females room in the memory care unit. Surveyor intervention asked Staff E do you know who the sweater belongs too? Staff E stated No, I was going to put in in the laundry. Staff E was informed that she was observed putting the sweater in another residents closet. Staff E had no response, then called housekeeping to come and get the sweater.</p> <p>During an interview with the Administrator at 11:29 AM on , the findings were discussed, and the policy for missing and laundered items were requested. The findings were acknowledged and the requested policies were never provided. No additional information</p>	A 030			

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A 030	Continued From page 20 was provided for review. Class III	A 030		
A 032 SS=D	58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(i) Resident Care - Elopement Standards 58A-5.0182 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 58A-5.0181(2)(a), F.A.C., this requirement is satisfied. 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 this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 58A-5.0191(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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A 032	<p>Continued From page 21</p> <p>facility staff and law enforcement as necessary . The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.</p> <p>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:</p> <ol style="list-style-type: none"> 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. <p>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S.</p> <p>429.41(1)(a)3 & 3(l),FS</p> <p>3. Resident elopement requirements. -Facilities are required to conduct a minimum of two resident elopement prevention and response drills per year. All administrators and direct care staff must participate in the drills which shall include a review of procedures to address resident elopement. Facilities must document the</p>	A 032			

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A 032	<p>Continued From page 22</p> <p>implementation of the drills and ensure that the drills are conducted in a manner consistent with the facility's resident elopement policies and procedures.</p> <p>(I) The establishment of specific policies and procedures on resident elopement. Facilities shall conduct a minimum of two resident elopement drills each year. All administrators and direct care staff shall participate in the drills. Facilities shall document the drills.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that as part of its resident elopement response policies and procedures, the facility failed to make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number for 1 of 6 residents reviewed (Resident # 9).</p> <p>The findings included:</p> <p>A review of the facility Elopement Policy reveals the following: Prior to the resident's admission to the facility in the ALF representative conducts a preadmission evaluation in order to determine whether the resident is appropriate for admission. This evaluation includes the resident's status regarding risk of elopement. In the event that a resident, after admission is determined to be at risk of elopement. In the event that a resident, after admission is determined to be at risk for elopement by facility staff, this information shall be documented in the resident's record in addition, the resident will have the following identification:</p> <p>a. Current Photograph in medical record</p>	A 032		

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A 032	Continued From page 23 b. Printed name, facility name, address and telephone number on the resident On _____ at 10:45 AM, an observation and interview was conducted with Resident # 9. A review of his Florida Health Assessment form (AHCA form 1823) which was completed on _____ revealed that the resident was admitted into the facility approximately 6 months ago. The resident suffers from the following diagnosis: _____ and requires assistance with his activities of daily living. He is alert and oriented x 2, but forgetful and _____ at times. The AHCA form 1823 form indicates that he is an elopement risk. During his interview he repeatedly stated "I want to go home!" An observation of Resident # 9 revealed that the resident was not wearing any identification. A review of the facility "Elopement Book", which contains the name and photo of each resident included Resident # 9 and 5 other residents in the facility who are potential elopement risks. On _____ at 12:00 PM, an interview with as conducted with the Corporate Executive. He stated that the residents are not provided any identification bracelets because they pull them off. He acknowledged the findings. Class III	A 032			
A 052 SS=D	429.256(); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes:	A 052			

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A 052	<p>Continued From page 24</p> <p>(a) Taking the medication, in its previously dispensed, properly labeled container, including an _____ syringe that is prefilled with the proper dosage by a pharmacist and an _____ that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.</p> <p>(b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.</p> <p>(c) Placing an oral dosage in the resident ' s _____ or placing the dosage in another container and helping the resident by lifting the container to his or her _____.</p> <p>(d) Applying _____ medications.</p> <p>(e) Returning the medication container to proper storage.</p> <p>(f) Keeping a record of when a resident receives assistance with self-administration under this section.</p> <p>(g) Assisting with the use of a _____, including removing the cap of a _____, opening the unit dose of _____ solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the _____.</p> <p>(h) Using a _____ to perform _____ level checks.</p> <p>(i) Assisting with putting on and taking off _____ stockings.</p> <p>(j) Assisting with applying and removing an _____ but not with titrating the prescribed _____ settings.</p> <p>(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.</p> <p>(l) Assisting with measuring vital signs.</p> <p>(m) Assisting with _____ bags.</p> <p>(4) Assistance with self-administration does not</p>	A 052		

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A 052	<p>Continued From page 25</p> <p>include:</p> <p>(a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.</p> <p>(b) The preparation of syringes for injection or the administration of medications by any injectable route.</p> <p>(c) Administration of medications by way of a tube inserted in a _____ of the body.</p> <p>(d) Administration of _____ preparations.</p> <p>(e) Irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(f) _____, or _____ preparations.</p> <p>(g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.</p> <p>(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.</p> <p>58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self administered medication pursuant to the training requirements of rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S.</p>	A 052		

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A 052	Continued From page 26 and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility. 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and	A 052			

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A 052	<p>Continued From page 27</p> <p>dispensed in an easier to use form, such as unit dose packaging.</p> <p>(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.</p> <p>1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.</p> <p>2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.</p> <p>(g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that all staff assist residents with self-administered medications in accordance with proper state regulatory procedures for 6 out of 8 sampled residents reviewed for medications (Resident #17, Resident #18, Resident #20, Resident #21, Resident #23, Resident #24, Resident #25 and Resident #26).</p> <p>The findings included:</p> <p>A) While observing a medication pass between the times of 10:00 AM-12:00 PM with Staff A on the following was observed:</p> <p>Staff A reviewed the Medication Observation Record (MOR) for Resident #23, took the medication from the cart, reviewed the</p>	A 052			

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A 052	<p>Continued From page 28</p> <p>medication label, took the medication from the package and crushed the pill in a pill crusher poured the pill contents in the medication cup with yogurt and mixed the contents together. Staff A than put the medication package . . . in the medication cart, took the medication mixture to Resident #23, explained to the resident what they was getting, fed the resident the medication mixture, threw the cup away, and signed the MOR..</p> <p>Staff A administered the medications to Resident #23 without having the proper qualifications to do so to residents that required assistance with self-administrations of medication. Staff A followed the same process for Residents #24 through Resident #26 observed for medication observation on .</p> <p>During an interview with the Administrator on at 12:00 PM, the findings were discussed and acknowledged regarding the assistance with self-administration of medication process. No additional information was provided for review.</p> <p>B) On at 10:30 AM, an observation of the medication pass was conducted on Section B with Staff B. Staff B was hired on as a Medication Technician (Med Tech) to assist with self-administration of medication for residents. The observation revealed that the Med Tech did not take the medications to the residents in their original packaging. Nor, did she announce the names of the medications for the following residents:</p> <ol style="list-style-type: none"> 1. Resident # 17, Carpidopa 25/100 mg, 2. Resident # 18, 5 mg, 	A 052		
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A 052	<p>Continued From page 29</p> <p>SOD cap 100 mg , 1mg, Hydroxyz tab 25 mg, 10 mg, SUC, 2.5 mg, 50 mg, CAP 10 mg, Sertralime tab 100 mg. Triamcinolon CRE 0.1%, Levothyroxide 50 mcg @ 7:00 a.m.</p> <p>During the medication pass observation, Staff B was observed inserting a toothpick into the Gel Cap of the SOD cap 100 mg to drain the contents into the medication cup for Resident # 18. Also, Staff B was observed spoon feeding the CAP 10 mg in the of Resident # 18.</p> <p>On at 09:20 AM, an observation of the medication pass was conducted with Staff B. The following medications were not delivered to the residents in their original packaging. Nor, were the medications announced by the Unlicensed Staff.</p> <p>1. Resident # 20, Hydrocolapp 10/325 mg, 2. Resident # 21, 20 mg, Pantraprozale 40 mg, 81 mg, Aripiprazole 5 mg.</p> <p>On at 09:40 AM, an interview was conducted with the Director of Nursing (DON). She acknowledged the findings. She stated the Med Techs were nervous.</p> <p>C) Observation conducted on revealed that Employee A opened the medication cart and retrieved Resident Windsor's pills, at 9:41 AM. She crushed the pills and pour the contents into a small cup of pudding. Employee A said if she gives them whole the resident will spill them out. Review of the physician's order confirmed an order to crush Resident #7's meds. However, after Employee A had entered the room, she</p>	A 052		

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A 052	<p>Continued From page 30</p> <p>awoke the resident, and informed her that she had her medications. Employee A then fed the medications to Resident #7. Thereafter, she returned to the medication cart and signed the medication observation record.</p> <p>Review of Resident #7's health assessment (AHCA Form 1823) revealed that a diagnosis of _____ and required that medications be administered to her.</p> <p>Review of Employee A's credentials revealed that she was a Home Health Aide trained to work as a medical technician (Med Tech). In addition, she only in her file had evidence that she had completed 3 hours of training in Assistance with Self-Administration of Medications.</p> <p>Class III</p>	A 052		
A 078 SS=D	<p>58A-5.019(2) FAC Staffing Standards - Staff (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</p>	A 078		

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A 078	<p>Continued From page 31</p> <p>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. 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</p>	A 078		

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A 078	<p>Continued From page 32</p> <p>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 records review and interviews, 1 of 3 sampled employees (Employee A) failed to have an updated annual health screening that reflected Employee A's freedom from communicable _____ ().</p> <p>The findings included:</p> <p>On _____ during employees' record review with the Business Office Manager (BOM), it was noted that the Employee A had no communicable _____ including _____ screening in her file.</p> <p>During an interview with the BOM on _____ at 11:00 AM, she reported that she keeps record of all employees at the facility. However, she indicated that she was not sure that Employee A had a completed Communicable _____ and _____ screening. She confirmed meanwhile that Employee A was hired on _____.</p> <p>During an interview with Employee A on _____ at 1:00 PM, she was not sure whether she completed the screening for _____ and communicable _____.</p> <p>During the exit meeting with the Administrator on _____ at about 12:30 PM, she was not able to provide evidence that Employee A had complete</p>	A 078		

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A 082	<p>Continued From page 34</p> <p>out that Employee A first worked at the facility in But, she only stayed less than a month. However, Employee A returned to work for the company in The BOM indicated that she did not know whether Employee A had completed the / training_ she did not have training certificate in her record.</p> <p>During an interview with the Administrator on at 11:36 AM, she reported that Employee began working at the facility on the date indicated above however she was not sure whether Employee A had not completed all the required trainings. Yet, she provided no evidence that Employee A had completed the training.</p> <p>Class III</p>	A 082		
A 084 SS=D	<p>58A-5.0191(6) FAC 429.52 (6), FS Training - Assis Self-Admin Meds & Med Mgmt</p> <p>58A-5.0191 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication</p>	A 084		

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A 084	<p>Continued From page 35</p> <p>including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.</p> <p>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:</p> <ol style="list-style-type: none"> 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 58A-5.0185, F.A.C., including: <ol style="list-style-type: none"> a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse 	A 084		

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A 084	Continued From page 36 reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training	A 084			

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A 084	<p>Continued From page 37</p> <p>that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.</p> <p>429.52 (6), FS (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined that the facility failed to ensure that all staff that provide assistance with self-administered medications had received a total of 6 hours in medication training , for 2 out of 3 employees that pass meds (Employee A & C).</p> <p>The findings included:</p> <p>Review of Employee A's record, revealed a hire date of . Review of her training certificates confirmed she completed 3 hours of training in Assistance with Self-Administration of medications on .</p> <p>Review of Employee C's file revealed a hire date of . Employee C's medication training certificate indicated that she last completed 4 hours in .</p> <p>During an interview with Employee A and C on</p>	A 084			

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A 084	Continued From page 38 ... between 12:51 and 3:00 PM, it was confirmed that both staff assist with self-administration of medications at the facility. During an interview with the Administrator and the Director of Nursing on _____ at 12:20 PM, they acknowledged the findings and provided no additional information. Class III	A 084		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.frules.org/Gateway/reference.asp?No=Ref-04003 , and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf . Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a	A 093		

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A 093	<p>Continued From page 39</p> <p>resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.</p> <p>(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.</p> <p>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.</p> <p>2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.</p> <p>(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.</p> <p>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.</p> <p>1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is</p>	A 093		
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A 093	<p>Continued From page 40</p> <p>necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.</p> <p>2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.</p> <p>(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _____ the time between meals.</p> <p>(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on _____.</p> <p>(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve, must be on _____ at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority</p>	A 093		

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A 093	<p>Continued From page 41</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that food is served attractively at safe and palatable temperatures for all meals. The facility failed to ensure that a 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times for 143 residents.</p> <p>The findings included:</p> <p>a) During confidential resident interviews conducted on through between 9 AM and 4 PM, the following was revealed regarding the meals served at the facility. Most of the residents dislike the food served at the facility. The quality is not that great. The food could be softer, more of a variety needed. The dining room is too crowded in the first seating. The facility serves the same food over and over.</p> <p>On at 12:00 PM, an observation was conducted of the lunch dining meal. It was revealed that there were 52 residents present in the main dining room. There were 2 servers present. A random sampling was conducted with the residents in the dining room. The majority of the residents stated that they are not pleased with the food. The following menu was served: Split Soup, Chicken Pot Pie, Tossed Salad and Dessert. The Split soup was watery (see photo). The Chicken Pot Pie did not have any crust. An observation of the service provided revealed that many of the residents served did not receive their entree until 12:30 PM. The residents had been seated since 12:00 PM.</p>	A 093			

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On at 12:00 PM, an observation was conducted of the dining meal. It was revealed that the following menu did not appear attractive or appealing.

On at 01:00 PM, an interview was conducted with the Resident Council President. He stated they had their Resident Council meeting on at 02:30 PM. He stated the residents were complaining about the quality of the food.

b) On at 10:05 AM, an observation of the 3-day emergency food supply was conducted with the Food Service Manager. The following food items were not consistent with the Inventory Supply List provided by the Dietitian:

Mushroom Soup = 600 oz present, required 1636 oz.
Vegetable Soup = 50 oz. present, required 1636 oz.
Chilli with Beef = 1296 oz. present, required 1636 oz.
Beef Stew or Chicken Dumplings = 1296 oz. present, required 1636 oz.
Green Beans = 576 oz. present, required 2460 oz.
Mixed Vegetables = 210 oz present, required 2460 oz.
Peaches = 648 oz present, required 812 oz.
Pears = 648 oz. present, required 812 oz.
Applesauce = 648 oz present, required 1636 oz.
Fruit Cocktail = 648 present, required 812 oz.
Pineapple = 648 oz. present, required 812 oz.
Pudding = 1296 oz present, required 2460 oz.
Graham Crackers = 0 oz present, required 1845 each
Crackers = 0 oz. present, required 7380 each

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A 093	Continued From page 43 On _____ at 10:30 AM, an interview was conducted with the Food Service Manager. He was advised that the 3-day emergency food supply was not consistent with the Food Supply Inventory List issued by the Dietitian. He stated that he was placing an order for those items. Class III	A 093		
A 161 SS=B	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable _____. In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all	A 161		

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A 161	<p>Continued From page 44</p> <p>staff providing services that require licensing or certification;</p> <p>3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.;</p> <p>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C.;</p> <p>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C.</p> <p>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.</p> <p>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure that 2 of 4 sampled employees (Employee B & Administrator) had completed an employment application and that such was kept in their record.</p> <p>The findings included:</p> <p>Review of employees' records on revealed that Employee B and the Administrator</p>	A 161		
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A 161	<p>Continued From page 45</p> <p>did not have an employment application in their files. The records revealed that Employee B was hired on and the Administrator was hired on Their background screenings were completed on and respectively, and both are registered in the Clearing House.</p> <p>During an interview with the Administrator on at 11:18 AM, she motioned, when asked about her application, that she thought she had one in her file. She then proposed to fill one out immediately. When questioned about her references, she said that she was hired via the Corporate office and that they did everything.</p> <p>Class</p>	A 161		
A 181 SS=D	<p>58A-5.026(2) FAC Emergency Plan Approval</p> <p>(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.</p> <p>(a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.</p> <p>(b) A new facility as described in Rule 58A-5.023, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.</p> <p>(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.</p> <p>1. Changes in the name, address, telephone</p>	A 181		

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A 181	<p>Continued From page 46</p> <p>number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.</p> <p>2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.</p> <p>(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.</p> <p>(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.</p> <p>The findings included:</p> <p>Upon request to review the CEMP approval letter for the year of 2019 from the Local Emergency Management Division, no documentation was ever provided. The facility was unable to provide proof of the last approved CEMP.</p> <p>During an interview with the Administrator, Director of Nursing (DON) and the Corporate Executive on _____ at 12:52 PM, the management staff were informed that the facility was given 4 days to locate the documentation and nothing was provided. The findings were discussed and acknowledged, no additional</p>	A 181			

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A 181	Continued From page 47 information was provided for review. Class III	A 181		
A 200 SS=D	58A-5.036 FAC Emergency Environmental Control (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure . . . air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square . . . per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the . . . to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a	A 200		

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A 200	<p>Continued From page 48</p> <p>resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S., and subsection 58A-5.026(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.</p> <p>2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.</p> <p>3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.</p> <p>a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F.S., must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.</p> <p>b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power</p>	A 200		
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A 200	<p>Continued From page 49</p> <p>resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan.</p> <p>c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.</p> <p>(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.</p> <p>1. Facilities must store minimum amounts of fuel onsite as follows:</p> <p>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.</p> <p>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.</p> <p>2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S., that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.</p>	A 200		

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A 200	<p>Continued From page 50</p> <p>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.</p> <p>4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.</p> <p>(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.</p> <p>(d) The acquisition and maintenance of a monoxide alarm.</p> <p>(2) SUBMISSION OF THE PLAN.</p> <p>(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to Emergency Rule 58AER17-1, F. A. C., will require resubmission only if changes are made to the plan.</p> <p>(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.</p> <p>(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.</p>	A 200		

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A 200	Continued From page 51 (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan required under this rule. (b) The Agency shall allow an extension up to _____ to providers in compliance with subsection (c), below, and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the	A 200			

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A 200	Continued From page 52 extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to Section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of paragraph (1)(a), for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to Chapter 252, F.S., must either: a. Fully and safely evacuate its residents prior to the arrival of the event, or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior	A 200			

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A 200	<p>Continued From page 53</p> <p>to obtaining a license.</p> <p>(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.</p> <p>(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.</p> <p>(5) POLICIES AND PROCEDURES.</p> <p>(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in . . . air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:</p> <ol style="list-style-type: none"> 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of . . . and heat injury; and, 4. A provision for obtaining medical intervention from emergency services for residents whose life 	A 200		

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A 200	Continued From page 54 safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, F.S., or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted	A 200			

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A 200	<p>Continued From page 55</p> <p>living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:</p> <ol style="list-style-type: none"> 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. <p>(b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a), above, in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have an approved Emergency Environmental Control Plan (EECP) from the local Emergency Management Division and failed to have implemented notification of the plan in writing to each resident and the resident's legal representative in the event of a loss of electrical power.</p> <p>The findings included:</p> <p>Upon completing a Generator Assessment for the facility on _____ documentation was requested to review the facility's EECP form approved by the Local Emergency Management Division. Throughout the duration of the survey for that day and three additional days, no</p>	A 200			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 200	<p>Continued From page 56</p> <p>documentation was ever provided. Documentation was also never provided by the Administrator upon request to review documentation of the plan in writing given out to residents and the resident's legal representative.</p> <p>During an interview with the Administrator, Director of Nursing (DON) and the Corporate Executive on at 12:52 PM, the management staff were informed that the facility was given 4 days to locate the documentation and nothing was provided. The findings were discussed and acknowledged, no additional information was provided for review.</p> <p>Class III</p>	A 200		