Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910479	A. BUILDING: _____ B. WING _____	10/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYLAND MANOR	7632 MARYLAND AVENUE HUDSON, FL 34667

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A 160 SS=D	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible] (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as	A 160		

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A 160	Continued From page 1 described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.	A 160		

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A 160	Continued From page 2 (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date Admission and Discharge Log (A&D Log) as required. Findings Included: A review of the A&D Log, conducted on . . . . . , revealed that the Facility did not maintain an up-to-date A&D Log as required. Residents #12 and #16 were not listed as current residents on the A&D Log and the resident were residing in the Facility. Residents #19 and #20 continued as current residents on the A&D Log although the residents were no longer residing in the Facility. During an interview with the House Manager (HM), conducted on . . . . . at 01:00pm, the HM agreed that the A&D Log was not up-to-date and did not include Resident #12 and #16 as current residents and did not include Resident #19 and #20's discharge information. Class III	A 160		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records	A 162		

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A 162	Continued From page 3 must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable. (e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed	A 162		

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A 162	Continued From page 4 consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , , , (), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care	A 162		

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A 162	Continued From page 5 plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C. (o) The resident ' s DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility	A 162		

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A 162	Continued From page 6 failed to maintain resident records with resident Health Assessment Agency for Health Care Administration Form 1823 (1823) described in Rule 58A-5.0181 (Florida Administrative Code), resident contracts described in Rule 58A-5.025 (Florida Administrative Code) described in Rule 59A-36.006 (Florida Administrative Code), a copy of the written informed consent for unlicensed staff assisting with self-administration of medications, and resident demographic data as required for seven Residents (#1, #3, #5, #12, #16, #17, and #21) of seven sampled residents. Findings Included: A record review for Resident #1, conducted on . . . . . , revealed that Resident #1's undated 1823 did not include the Examiner's name, title, address, or telephone number. Resident #1's 1823 was documented on the , Form and not the required . . . . . Form. Resident #1 was admitted to the Facility on . . . . . A record review for Resident #3, conducted on , revealed that Resident #3 did not have a resident record. Resident #3. Resident #3 did not have a contract signed for residency, demographic data as required, or a copy of an informed consent for unlicensed staff to assist with self-administration of medications. Resident #3 was admitted to the Facility on . A record review for Resident #5, conducted on . . . . . , revealed that Resident #5's 1823 dated was documented on the Form and not on the . . . . . Form as required. Resident #5's 1823 did not include a statement from a Health Care Provider that the resident's needs could be met in an assisted	A 162		

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A 162	Continued From page 7 living facility. Resident #5's 1823 did not include an elopement risk assessment. Resident #5 was admitted on . . . . . . A record review for Resident #12, conducted on , revealed that Resident #12 did not have a contract signed for residency or a copy of an informed consent for unlicensed staff to assist with self-administration of medications. Resident admitted to the Facility on . A record review for Resident #16, conducted on . . . . . , revealed that Resident #16 did not have a resident record. Resident #16 did not have a contract signed for residency, demographic data as required, or a copy of an informed consent for unlicensed staff to assist with self-administration of medications. Resident #16 was admitted to the Facility on . . . . . . A record review for Resident #17, conducted on , revealed that Resident #17's 1823 dated . . . . . did not specify whether the resident required assistance with self-administration or medication administration as required. Resident #17 was admitted on . . . . . . A record review for Resident #21, conducted on , revealed that Resident #21 did not have resident demographic data as required. During an interview with the Administrator, conducted on at 02:12pm, the Administrator agreed that the resident's records did not include everything required and stated that the Administrator was left with a mess upon start of employment but had "not had a chance to get these put together and I am trying but I was left with a mess".	A 162		

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A 162	Continued From page 8 Class III	A 162		
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 resident to congregate when he or she desires in portions of the building where temperatures will	A 200		

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A 200	Continued From page 9 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. 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. 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. 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. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to	A 200		

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A 200	Continued From page 10 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. 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. (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. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 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. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements	A 200		

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A 200	Continued From page 11 under this rule. 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. (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. (d) The acquisition and maintenance of a . . . . monoxide alarm. (2) SUBMISSION OF THE PLAN. (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. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (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. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a	A 200		

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A 200	Continued From page 12 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 extension and keep the Agency apprised of progress on a quarterly basis to ensure there are	A 200		

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A 200	Continued From page 13 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 to obtaining a license. (e) Existing assisted living facilities that undergo	A 200		

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	AL11910479	A. BUILDING: _____ B. WING _____	10/28/2019

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A 200	Continued From page 14 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. (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. (5) POLICIES AND PROCEDURES. (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: 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 safety is in jeopardy. (b) Each assisted living facility shall maintain the	A 200		

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A 200	Continued From page 15 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 living facility must notify in writing, unless permission for electronic communication has	A 200		

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A 200	Continued From page 16 been granted, each resident and the resident's legal representative: 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. (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. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the Facility failed to implement its Emergency Environmental Control Plan (EECP) by not acquiring services or a process to maintain and test the alternate power source, develop written policies and procedures, to have enough fuel onsite to power the alternate power source, to ensure that the facility can effectively and immediately operate and maintain the alternate power source, and safely store the alternate power source. Findings Included: During an observation of the alternate power source, a portable generator, conducted on at 02:57pm, the generator was stored in an alcove area in one hallway in front of and blocking an exit door. There was a tarp type	A 200		

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A 200	Continued From page 17 cover on top of it. A request for the written Facility's policy and procedures to maintain and operate the alternative power source and there was none provided. During an interview with the House Manager (HM), conducted on at 02:57pm, the HM stated "I don't know if the former Administrator notified any residents or responsible parties of the Facility's implementation of the Emergency Power Plan". The HM stated that "there was no fuel onsite" to power the generator. The HM did not know how the generator worked or how to hook it up and stated that staff "would read the instruction manual that came with the generator" if it needed to be hooked up. The HM stated "no" when asked if the Facility had developed written policy and procedures to operate the generator. Class III	A 200		
A 000	Initial Comments A Complaint Investigation (Complaint # 2019012711, 2019012340 and 2019013297) was conducted at Maryland Manor Assisted Living Facility on in conjunction with a fourth revisit to , complaint (Complaint # 2018015039 and 2018012792). Maryland Manor Assisted Living Facility had deficiencies at the time of the visit.	A 000		
A 030 SS=J	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY	A 030		

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A 030	Continued From page 18 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 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: 1. Resident responsibilities; 2. . . . . and tobacco use; 3. Medication storage; 4. Resident elopement;	A 030		

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A 030	Continued From page 19 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. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 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	A 030		

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A 030	Continued From page 20 of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when	A 030		

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A 030	Continued From page 21 prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the	A 030		

Agency for Health Care Administration

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A 030	Continued From page 22 residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 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	A 030		

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A 030	Continued From page 23 possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or 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. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide a safe and decent living environment, free from exposure to illicit drugs, insects that feed on from people and animals, and financial , . One (Resident #9) of 17 residents was hospitalized after the consumption of illicit drugs and had bed bug bites observed on their extremities. Six (Residents #1, #3, #6, #9, #14 and #15) of 17 residents confirmed using illicit drugs (Spice, Marijuana, and ,) at the facility. Three (# , # , #) out of 11 sampled rooms were infested with live bed bugs. The facility failed to allow 4 (Residents #3, #12, #14, and #15) out of 17 residents the opportunity to have access to and manage their monthly Optional State Supplement ( ) disbursements. The lack of oversight and awareness placed all 17 residents of the Assisted Living Facility at immediate risk of serious harm.	A 030		

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A 030	Continued From page 24 Findings Included: 1. An interview was conducted on at 10:32 a.m. with the House Manager. The House Manager stated on she was told by the former Administrator that a lady came walking up to facility and asked to move into the assisted living facility. At that time the former Administrator told the boarder that if she had monies, she could move in to the facility. On the House Manager arrived at the facility for work and learned that the boarder had moved into with Resident #13. The boarder got into an altercation with Resident #13 and removed Resident #13's belongings. The boarder physically kicked Resident #13 out of her own room and into the hallway. Resident#13 desperately searched for a place to lay her and eventually found a vacant room (#2) which was currently infested with bed bugs. An interview via telephone was conducted on at 2:28 p.m., with the Owner. The Owner stated he collected $1,950 in rent payments for the boarder. The $1,950 was for until . The owner stated, "I am aware that they are doing drugs here, I know the [boarder] is the one that was distributing drugs." The Owner was informed by the House Manager about 3 or 4 months ago (around) that the boarder was gifting and using illicit drugs with the residents. The Owner agreed that having the boarder at the facility caused safety issues for other residents. During an interview on at 2:45 p.m. the House Manager confirmed that the boarder was a client of the representative payee company and paid the owner via check on for the time period of until	A 030		

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A 030	Continued From page 25 . . . . . The boarder received meals, room and board, and laundry. In a phone interview with a Representative from the residents' Representative Payee Company, on at 2:26 p.m., confirmation was provided that the facility received payment for the boarder on in the amount of $1,950. This payment was for two months of services for the boarder. 2. On at 10:32 a.m. during an interview the House Manager, she stated an associate of the boarder from across the street came to the facility to visit the boarder every day. While in the facility the associate and the boarder would give and/or sell illicit drugs to the residents. The House Manager stated that at one point, she got into a physical and verbal confrontation with the associate. The associate continued to come to the facility to see the boarder and provided drugs to the residents. The House Manager stated, when the associate was not at the facility providing the residents with drugs, the boarder would get drugs from the associate, bring them over to the facility, and provide them to the residents. During a follow-up interview with the House Manager on at 2:45 p.m., she confirmed that Residents #3, #7, #9, and #15, told her that they were asked to buy drugs from the boarder and/or they used drugs with the boarder. During an interview on at 3:00 p.m., Resident #15 confirmed receiving various illicit drugs from the boarder on multiple occasions. Resident #15 stated he notified the House Manager of receiving illicit drugs from the boarder	A 030		

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A 030	Continued From page 26 on multiple occasions. During an interview on . . . . . at 3:03 p.m., Resident #9 confirmed receiving various illicit drugs from the boarder on multiple occasions. Resident #9 stated at one point he was hospitalized for 5 days due to a reaction from the drugs. Resident #9 also confirmed he notified the House Manager of receiving illicit drugs from the boarder on multiple occasions. During an interview on at 3:28 p.m., Resident #14 confirmed receiving various illicit drugs from the boarder on multiple occasions. Resident #14 stated he notified the House Manager that he had received illicit drugs from the boarder on multiple occasions. During an interview on . . . . . at 3:32 p.m., Resident #3 confirmed receiving various illicit drugs from the boarder on multiple occasions. Resident #3 stated he notified the House Manager that he had received illicit drugs from the boarder on multiple occasions. During an interview on at 3:17 p.m., Resident #1 confirmed receiving various illicit drugs from the boarder on multiple occasions. Resident #1 also confirmed notifying the House Manager of receiving illicit drugs from the boarder on multiple occasions. During an interview on . . . . . at 3:15 p.m. Resident #6 confirmed receiving various illicit drugs from the boarder on multiple occasions. Resident #6 also confirmed notifying the house manager of receiving illicit drugs from the boarder on multiple occasions. On a record review of Resident #9 hospital record dated revealed that	A 030		

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	AL11910479	A. BUILDING: _____ B. WING _____	10/28/2019

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A 030	Continued From page 27 Resident #9 was . . . . . to a local medical center and eventually admitted as an involuntary commitment due to bizarre behavior, , and paranoia. Resident #9's chief complaint was . . . . . Resident #9 had experienced limited insight and poor judgment and was admitted to the hospital for abusing illicit drugs. Resident #9 was admitted for . . . . . for 5 days. 3. During an interview on . . . . . at 11:24 a.m. with the House Manager, she stated the entire facility was infested with bed bugs. The House Manager stated that the Owner said the facility did not have the money right now and that the facility was unable to be tented due to being behind on bills. The House Manager confirmed that 3 residents lived in Unit 1 and 1 resident lived in Unit 2. An observation of Resident #9, conducted on at 10:35 a.m., revealed that the resident had marks covering forehead, . . . , and both right and left arms consistent with bug bites. An observation of # on at 11:32 a.m. found a resident stood up from the bed, live bed bugs were observed crawling on the sheets. Bed bug feces and decay were also visible along bed frame and corner of the bed. (Photographic Evidence Obtained) Record review conducted on . . . . . , revealed a pest management company came out on . . . . . and documented that Unit 1 had 100 live bed bugs seen and Unit 2 had 30 Live Bed Bugs seen by the pest control management company technician. In a phone interview with the facility's pest control	A 030		

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A 030	Continued From page 28 provider, on at 3:01 p.m., the representative for the pest control company stated that the facility did not receive services for two months due to nonpayment. The representative stated that the facility was infested with bed bugs and had recommended that the facility cover all mattresses and box springs with a protective covering, for the rooms that have hoarding to remove items that cause clutter to the room, wash all clothing and dry on high heat all clothes, and not to move residents and forth between rooms to prevent further infestation. 4. On at 10:02 a.m., during an interview with the House Manager, she stated "on the owner found out that the previous administrator was stealing money from the facility." A focused record review conducted on of the resident Rent Payment log found Resident #3 did not receive his disbursement in ; Resident #12 did not receive his disbursements in or ; Resident #14 did not receive his disbursements in or and Resident #15 did not receive his disbursement in . During an interview with the House Manger, on at 10:30 a.m., she confirmed Residents #3, #12, #14 and #15 did not receive their disbursements consistently each month. An attempted record review of the facility policies and procedures on revealed the facility was unable to provide any documentation requested.	A 030		

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A 030	Continued From page 29 Class I	A 030		
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) 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. (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. (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 . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (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 . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an	A 052		

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A 052	Continued From page 30 but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (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. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or preparations. (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. (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. 58A-5.0185 (3)	A 052		

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A 052	Continued From page 31 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. 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	A 052		

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A 052	Continued From page 32 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 dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 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. 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. (g) All trained staff must adhere to the facility's . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the Facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes and failed to follow control standards while assisting with medications (meds) for two Residents (#11 and #14) of two sampled residents that required assistance with self-administration of medications. Findings Included:	A 052		

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A 052	Continued From page 33 During an observation of the med pass with Staff B (an unlicensed Medication Technician) for Resident #11 and #14, conducted on , Staff B did not assist with Resident #11 and #14's meds according to the required steps in 429.256 Florida Statutes and did not follow control standards while assisting the residents with their meds. At 12:55pm, Staff B assisted Resident #14 with the resident's prescribed med 15mg. Staff B did not wash or sanitize before or after assisting the resident with the med. Staff B already had gloves on when the staff pulled Resident #14's med out of the med cart as the staff was also preparing meal plates at the same time. After Staff assisted Resident #14, the staff did not change the gloves and did not sanitize or wash and began preparing the resident's meal plate. At 12:56pm, Staff B returned to the med cart, which was stored in the kitchen next to the stove. Staff B proceeded to assist Resident 11 with the resident's prescribed meds 5mg and 10mg, 0.5mg, and 1mg without changing gloves and without washing or sanitizing . After Staff B provided assistance to Resident #11 with the resident's meds, the staff returned to preparing food and cooking without changing gloves and without washing or sanitizing . During an interview with the House Manager (HM), conducted on at 03:00pm, the HM agreed that the unlicensed Medication Technicians focus should be on the meds. The HM stated that when assisting with meds, "the Medication Technicians should wash their with soap and water before and after a med pass and sanitize [their] between residents. Class III	A 052		

Agency for Health Care Administration

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A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain a daily Medication Observation Records (MORs) for each resident with all required data; failed to update MORs immediately	A 054		

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A 054	Continued From page 35 each time the medications (meds) were offered, and, failed to document refusals or missed dosages for seventeen Residents (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17) of seventeen sampled residents that need assistance with self-administration of medications. Findings Included: A review of [redacted] MORs for Resident #1, conducted on [redacted], revealed that Resident #1's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #1 had meds not documented as given to the resident. Resident #1's prescribed med [redacted], 2mg was not documented as given to the resident on [redacted] and [redacted] at 05:00pm. Resident #1's prescribed med [redacted], 5mg was not documented as given to the resident from [redacted] through [redacted] at 12:00pm. Resident #1 required assistance with self-administration of meds. Resident #1 was admitted on [redacted]. A review of [redacted] MORs for Resident #2, conducted on [redacted], revealed that Resident #2's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #2 had meds not documented as given to the resident. Resident #2's prescribed med [redacted] 50mg was not documented as given to the resident on [redacted] at 08:00pm. Resident #2 required assistance with self-administration of meds. Resident #2 was admitted on [redacted]. A review of [redacted] MORs for Resident #3, conducted on [redacted], revealed that Resident #3's MORs did not include the resident's, Health	A 054		

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A 054	Continued From page 36 Care Providers name or telephone number as required. Resident #3 had meds not documented as given to the resident. Resident #3's prescribed med , 20mg was not documented as given to the resident from through . Resident #3's prescribed as needed med , 100mg was documented as given to the resident and the documentation did not include the reason that the resident needed the medication or the effectiveness of the med. Resident #3 required assistance with self-administration of meds. Resident #3 was admitted on . A review of MORs for Resident #4, conducted on , revealed that Resident #4's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #4 had meds not documented as given to the resident. Resident #4's prescribed med , 2mg was not documented as given to the resident on , , and at 08:00am. Resident #4's prescribed as needed med , 0.5mg was documented as given to the resident and the documentation did not include the reason that the resident needed the medication or the effectiveness of the med. Resident #4 required assistance with self-administration of meds. Resident #4 was admitted on . A review of MORs for Resident #5, conducted on , revealed that Resident #5's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #5 had meds not documented as given to the resident. Resident #5's prescribed med D 50,000 international units was not documented as given to the resident from through . Resident #5's	A 054		

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A 054	Continued From page 37 prescribed med [redacted] 2mg was not documented as given to the resident on and [redacted]. Resident #5 required assistance with self-administration of meds. Resident #5 was admitted on [redacted]. A review of [redacted] MORs for Resident #6, conducted on [redacted], revealed that Resident #6's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #6 had meds not documented as given to the resident. Resident #6's prescribed med [redacted] 1000mcg was not documented as given to the resident from [redacted] through [redacted]. Resident #6's prescribed med [redacted] D 50,000 international units was not documented as given to the resident from [redacted] through [redacted]. Resident #6 required assistance with self-administration of meds. Resident #6 was admitted on [redacted]. A review of [redacted] MORs for Resident #7, conducted on [redacted], revealed that Resident #7's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #7 had meds not documented as given to the resident. Resident #7's prescribed med [redacted] D 8mg was only documented as given on [redacted] and [redacted] at 08:00am and there was no other documentation that the resident received this med from [redacted] through [redacted], [redacted] through [redacted], and [redacted] through [redacted]. Resident #7's prescribed as needed med [redacted] 8mg was documented as given to the resident and the documentation did not include the reason that the resident needed the medication or the effectiveness of the med. Resident #7 required assistance with self-administration of meds. Resident #7 was admitted on [redacted].	A 054		

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A 054	Continued From page 38 A review of MORs for Resident #8, conducted on , revealed that Resident #8's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #8 had meds not documented as given to the resident. Resident #8's prescribed med 50mg was not documented as given to the resident on and at 08:00am. Resident #8 required assistance with self-administration of meds. Resident #8 was admitted on . A review of MORs for Resident #9, conducted on , revealed that Resident #9's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #9 had meds not documented as given to the resident. Resident #9's prescribed med 50mg was not documented as given to the resident on at 08:00pm. Resident #9 required assistance with self-administration of meds. Resident #9 was admitted on . A review of MORs for Resident #10, conducted on , revealed that Resident #10's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #10 had meds not documented as given to the resident. Resident #10's prescribed med , 100mg was not documented as given to the resident on at 08:00pm. Resident #10's prescribed med , 4mg was not documented as given to the resident from through . Resident #10 required assistance with self-administration of meds. Resident #10 was admitted on .	A 054		

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A 054	Continued From page 39 A review of [redacted] MORs for Resident #11, conducted on [redacted], revealed that Resident #11's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #11 had meds not documented as given to the resident. Resident #11's prescribed med [redacted] 500mg was not documented as given to the resident on [redacted] and [redacted] at 08:00pm. Resident #11 required assistance with self-administration of meds. Resident #11 was admitted on [redacted]. A review of [redacted] and [redacted] MORs for Resident #12, conducted on [redacted], revealed that Resident #12 did not have MORs for [redacted] and [redacted] that the resident received any of the resident's prescribed medications for [redacted] and [redacted]. Resident #12 was admitted on [redacted]. A review of [redacted] MORs for Resident #13, conducted on [redacted], revealed that Resident #13's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #13 had meds not documented as given to the resident. Resident #13's prescribed med [redacted] 100mg was not documented as given to the resident on [redacted] and [redacted] at 08:00am and 08:00pm. Resident # 13's prescribed med Hydrofluoroalkane inhaler was not documented as given to the resident from [redacted] through [redacted]. Resident #13 required assistance with self-administration of meds. Resident #13 was admitted on [redacted]. A review of [redacted] MORs for Resident #14, conducted on [redacted], revealed that Resident #14's MORs did not include the resident's, Health Care Providers name or	A 054		

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	AL11910479	A. BUILDING: _____ B. WING _____	10/28/2019

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A 054	Continued From page 40 telephone number as required. Resident #14 had meds not documented as given to the resident. Resident #14's prescribed med . . . , . . 15mg was not documented as given to the resident on . . . . . and . . . . . at 12:00pm. Resident #14 required assistance with self-administration of meds. Resident #14 was admitted on . . . . . . A review of . . . . . MORs for Resident #15, conducted on , revealed that Resident #15's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #15 had meds not documented as given to the resident. Resident #15's prescribed med . . . . . , . . 2mg was not documented as given to the resident on . . . . . and . . . . . at 05:00pm. Resident #15's prescribed med , was not documented as given to the resident on . . . . . at 08:00pm. Resident #15 required assistance with self-administration of meds. Resident #15 was admitted on . A review of MORs for Resident #16, conducted on . . . . . , revealed that Resident #16 did not have MORs for , and . . . . . that the resident received any of the resident's prescribed medications for . . . , ... and . . . . . Resident #16 was admitted on . A review of MORs for Resident #17, conducted on . . . . . , revealed that Resident #17's MORs did not include the resident's, Health Care Providers name or telephone number as required. Resident #17 had meds not documented as given to the resident. Resident #17's prescribed med , 50mg was not documented as given to the resident on at 08:00pm. Resident #17 required	A 054		

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A 054	Continued From page 41 assistance with self-administration of meds. Resident #17 was admitted on . During an interview with the House Manager (HM), conducted on at 11:00am and 12:45pm, the HM stated that Resident #12 and #16 did have MORs and no reason provided. The HM stated that Resident #12 "always refuses meds". The HM stated that upon the HM's date of hire ( ) that no residents had MORs in the Facility and that the staff had no medication training and that the HM had the staff take the training after the HM was hired. Class III	A 054		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented	A 055		

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A 055	Continued From page 42 by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 58A-5.0181, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued	A 055		

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A 055	Continued From page 43 medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to store medications (meds) in a location free of dampness and abnormal temperatures and failed to return meds to the resident, resident's responsible party, or Pharmacy discontinued, expired, or meds not in use within thirty days as required. Findings Included: During an observation of the med pass, conducted on , the med cart was stored	A 055		

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A 055	Continued From page 44 in the kitchen next to the stove. The stove was on as meal preparation was in progress and the air temperature was very warm and humid. At 02:25pm, there were boxes filled with resident's med cards filled with meds (See Photographic Evidence4) in the unoccupied apartment, which included: - Ninety tablets of Resident #11's unused prescribed med , 0.5mg filled by the Pharmacy on ..... - Sixty tablets of former Resident #22's med ....., 0.5mg filled on ..... and expired on - Sixty tablets of former Resident #23's med , 800mg filled on and expired on ..... During an interview with the House Manager (HM), conducted on at 11:30am, the HM stated that upon date of hire (.....) "I took out boxes of meds from the med carts of meds that residents did not receive and they're in the ... apartment" and "I called the Pharmacy to pick them up but they would not take them until I sealed them in air tight bags because of all the bugs [roaches/bedbugs] about three weeks ago". At 03:00pm, the HM stated that the staff "always had the med cart in the kitchen". Class III	A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they	A 056		

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A 056	Continued From page 45 are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the	A 056		

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A 056	Continued From page 46 medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.	A 056		

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A 056	Continued From page 47 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide prescribed medications (meds) as ordered from resident's Health Care Providers. Additionally, the facility failed to notify their Health Care Providers when residents refused and were not receiving their meds due to the unavailability of the meds for four Residents (#4, #10, #12, and #16) of four sampled resident that required assistance with self-administration of meds. Findings Included: A review of Resident #4's MORs, conducted on , revealed that Resident #4 refused meds for a week in but there was no documentation of the refusals or any evidence that the Facility notified the Resident #4 Health Care Provider. There were no orders from Resident #4's Health Care Provider of what steps to take regarding the resident's refusals in the resident's record. Resident #4 required assistance with self-administration of meds. A review of Resident #10's MORs, conducted on , revealed that Resident #10 did not have the prescribed med , 3mg available for staff to give the resident. The , order was received and documented on and the resident's MORs indicated that the resident had received this med. There were no orders from Resident #10's Health Care Provider of what steps to take regarding the resident's refusals in the resident's record. Resident #10 required assistance with self-administration of meds. A review of Resident #12's , and Medication Observation Records	A 056		

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A 056	Continued From page 48 (MORs), conducted on , revealed that Resident #12 did not have MORs for , and . There was no evidence that the resident received prescribed meds in , and . Resident #12 required assistance with self-administration of meds. A review of Resident #16's MORs, conducted on , revealed that Resident #16 did not have MORs for . There was no evidence that the resident received prescribed meds in . Resident #16 required assistance with self-administration of meds. During an interview with the House Manager (HM), conducted on at 11:00am, the HM stated that Resident #12 and #16 did not have MORs and unable to provide an explanation. The HM then stated that Resident #12 did not have MORs because the resident "always refuses meds". The HM was unable to provide evidence that the residents' Health Care Provider was aware of the refusals and unable to provide orders from Resident #12's Health Care Provider on what steps to take regarding the resident's refusals. The HM was unable to provide evidence that Resident #4's Health Care Provider was aware of the refusals and unable to provide orders from Resident #4's Health Care Provider on what steps to take regarding the resident's refusals. Class III	A 056		
A 077 SS=J	429.176 FS; 429.52( ),58A-5.019(1) FAC Staffing Standards - Administrators	A 077		

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A 077	Continued From page 49 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52( ), FS (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 58A-5.019 Staffing Standards. (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or	A 077		

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A 077	Continued From page 50 G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to Sections 408.809 and 429.174, F.S.; and 4. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C., no later than 90 days after becoming employed as a facility administrator. Individuals who have successfully completed these requirements before , are not required to take either the 40 hour core training or test unless specified elsewhere in this rule. Administrators who attended core training prior to , , , are not required to take the competency test unless specified elsewhere in this rule. 5. Satisfy the continuing education requirements pursuant to Rule 58A-5.0191, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraphs (1)(a)4. of this rule to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to Rule 58A-5.0191, F.A.C.; and 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of	A 077		

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A 077	Continued From page 51 either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements of an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to Section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04002. This Statute or Rule is not met as evidenced by:	A 077		

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A 077	Continued From page 52 Based on record review, interview and observation the facility failed to have a qualified Administrator who was actively involved in supervising and providing oversight of the facility including the management of staff, the provision of appropriate care and a safe environment for 17 of 17 residents residing in the facility (Residents #1-#17). Findings included: 1. During an entrance conference on at 9:38 a.m., an interview was conducted with the Home Manager. The facility's census documentation was requested. The House Manager provided a resident census of 17 residents. 2. During an interview with the facility Owner via telephone on 2:28 p.m. The Owner confirmed he collected $1,950 in rent payments for a nonresident (boarder) to reside in the assisted living facility. When asked if he thought it would be safe to allow a nonresident to move into the facility, the Owner stated, "Yes, I agree that having the boarder at the facility causes a safety issues for other residents." The Owner stated, he was aware the boarder was dealing and used drugs with the residents who resided at the facility. The Owner confirmed he was informed by the House Manager approximately 3 or 4 months ago yet, he did nothing. The Owner was asked to come into the office to provide additional facility records and documentation to the surveyor, however he stated, "No I am not showing up today." 3. A record review of the Florida Health Finder conducted on revealed the Owner was listed as the current Administrator of record.	A 077		

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	AL11910479	A. BUILDING: _____ B. WING _____	10/28/2019

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A 077	Continued From page 53 A record review revealed the revealed the current listed Administrator took CORE training on . A record review of the Mac Donald Research Institute website on . . . . . revealed the current listed Administrator on record had not passed the required core competency test to become a licensed Assisted Living Facility Administrator. Therefore, it was identified that the facility was operating without a qualified Administrator or personnel on record. 4. During an interview on . . . . . at 11:24 a.m. with the House Manager, she stated the entire facility was infested with bed bugs. The House Manager stated that the Owner said the facility did not have the money right now and that the facility was unable to be tented due to being behind on bills. 5. During an interview on . . . . . at 2:45 p.m., the house manager confirmed that Resident #3, #7, #9, and #15 told her that they were asked to buy drugs from and/or used drugs with the boarder. The House Manager and the Owner were aware of the concerns identified yet did nothing about it. 6. During an interview on . . . . . at 3:00 p.m., Resident #15 confirmed notifying the house manager of receiving illicit drugs from the boarder on multiple occasions. During an Interview on at 3:03 p.m. Resident #9 confirmed notifying the house manager of receiving illicit drugs from the boarder on multiple occasions.	A 077		

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A 077	Continued From page 54 During an interview on . . . . . at 3:28 p.m. Resident #14 confirmed notifying the house manager of receiving illicit drugs from the boarder on multiple occasions. During an interview on at 3:32 p.m. Resident #3 confirmed notifying the house manager of receiving illicit drugs from the boarder on multiple occasions. During an Interview on . . . . . at 3:17 p.m. Resident #1 confirmed notifying the house manager of receiving illicit drugs from the boarder on multiple occasions. It was determined through staff and resident's interviews mentioned above that the owner and operator of the facility allowed an identified drug user (boarder) to reside in the facility and solicit drugs to limited mental health residents for more than 3 months and did nothing about it. 6. Record review of residents' Medications Observations Reports (MORs) and health records conducted on . . . . . revealed the following: a. The facility did not have MORs for Resident #12 and #16. b. The facility did not have all required data on MORs, which included the Health Care Providers name and telephone number; did not update MORs, immediately, each time meds were offered to residents; did not document refusals or missed dosages of medications for Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17. All 17 residents required assistance with self-administration of medications as noted in the health assessments.	A 077		

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A 077	Continued From page 55 c. The facility did not notify residents' Health Care Providers of refusals of medications or residents not receiving meds due to the unavailability of the meds. d. The facility did not obtain orders from resident's Health Care Providers of the steps to take for residents' refusals or not receiving prescribed medications for Resident #4, #10, #12, and #16. e. The facility failed to provide prescribed medications as ordered by their Health Care Provider for Residents #4, #10, #12, and #16. During an interview with the House Manager (HM), conducted on at 11:00 a.m., the HM stated that Resident #12 and #16 did not have MORs and was unable to provide an explanation. The HM then stated that Resident #12 did not have MORs because the resident "always refuses meds". The HM was unable to provide evidence that resident's Health Care Provider was aware of the refusals and unable to provide orders from Resident #12's Health Care Provider on what steps to take regarding the resident's refusals. The HM was unable to provide evidence that Resident #4's Health Care Provider was aware of the refusals and unable to provide orders from Resident #4's Health Care Provider on what steps to take regarding the resident's refusals. Record review conducted on revealed Residents #1, #3, #5, #12, #16, #17, and #21 did not have complete records to include complete 1823s with all required data, resident contracts, a copy of the written informed consent for unlicensed staff assisting with self-administration of medications, and resident	A 077		

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A 077	Continued From page 56 demographic data as required. During an interview with the House Manager, conducted on at 02:12 p.m., the House Manager agreed that the resident's records did not include everything required and stated that the House Manager was left with a mess upon start of employment but had "not had a chance to get these put together and I am trying but I was left with a mess". Class I	A 077		
A 079 SS=D	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16- 25 253 26-35 294 36-45 335 46-55 375 56- 65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care	A 079		

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A 079	Continued From page 57 services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 58A-5.0191(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and [illegible]. 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food	A 079		

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A 079	Continued From page 58 preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents'	A 079		

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A 079	Continued From page 59 contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 58A-5.029, 58A-5.030 or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain the minimum staffing hours	A 079		

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A 079	Continued From page 60 required for 17 residents. Findings included: A record review of the facility's staffing schedule was requested for the current week (. . . . - . . . .). The House Manager stated, "there isn't a staffing schedule, it was one of the least things I need to be doing." The House Manager confirmed the facility has 208 weekly direct care staffing hours. The state requirement was 253 weekly hours with a census of 17. Upon entering the facility at 9:35 AM, the Cook /Medication Technician and House Manager were present with a censu of 17. During an interview with the House Manager at 12:10 PM on , they confirmed that the hours did not meet the requirements. The House Manager stated," Oh I thought I needed two direct care staff for every six residents." Class III	A 079		
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.flrules.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	A 093		

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A 093	Continued From page 61 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 resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (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. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 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. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to	A 093		

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A 093	Continued From page 62 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. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 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 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. 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. (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 [illegible] the time between meals. (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 [illegible]	A 093		

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A 093	Continued From page 63 (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 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a sufficient supply of food to be used for food preparation in the event of an emergency. Additionally, the facility failed to ensure the correct menu for the week was posted and failed to maintain a file of six months of dated menus and substitution logs. Findings included: On . . . . . at 12:00pm during a tour of the facility's dining room revealed there were no menus observed posted for resident observation. In an interview with the House Manager on . . . . . at 12:32pm, the House Manager stated she was not aware the menu needed to be posted. During a tour of the facility's kitchen on . . . . . at approximately 12:00pm, there was no evidence of the facility having a 3-day emergency food supply.	A 093		

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A 093	Continued From page 64 In an interview on [redacted] at 12:21pm, the House Manager stated the facility does not have an emergency food supply and hasn't had one since she has worked at the facility. A record review of the facility's menus and substitution log, the facility did not have 6 months of menus or substitution logs on file. An interview with the House Manager conducted at approximately 12:22pm on [redacted], the House Manager confirmed that the facility does not have a substitution log or menus for the past 6 months on file. Class III	A 093		
A 152 SS=J	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident;	A 152		

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A 152	Continued From page 65 2. A closet or wardrobe space for hanging clothes; 3. A dresser, . . . or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interviews the facility placed 17 (Residents #1-#17) of 17 residents at risk when they failed to provide a safe and clean-living environment. Specifically, the facility failed to repair electrical boxes throughout the facility and failed to provide functioning smoke detectors which were essential for residents' safety in case of a fire emergency. There were environmental safety concerns inside the facility and around the surrounding grounds and yard which were detrimental to all residents' health and well-being. Additionally, three (. . . # , # . #) out of 11 rooms sampled were found with . . . . stained sheets and mattresses that contained a substantial amount of bed bug fecal matter which was splattered all over the sheets. Resident # was identified as having 100 live bed bugs on . . . . . by the pest control management company.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910479	A. BUILDING: _____ B. WING _____	10/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYLAND MANOR	7632 MARYLAND AVENUE HUDSON, FL 34667

(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 152	Continued From page 66 Findings included: 1. During a telephone interview on at 5:21 p.m., an inspector from the local authority with jurisdiction, who inspected the facility, stated an inspection was conducted on . . . . . The local authority identified several violations of health and safety code. The inspector stated the facility was cited for violations and provided with time to correct the violations or further action would be taken. A record review conducted on from the local authority with jurisdiction report from the re-inspection dated revealed the following: a. four open electrical boxes must be replaced b. three smoke detectors must be replaced c. multiple sprinkler heads must be replaced, repaired or cleaned d. fire extinguishers must be installed e. sprinkler backflow must be replaced or repaired 2. A tour of the facility was conducted on . . . . . beginning at 9:38 a.m. revealed the following (see Photographic Evidence): a. The bathroom located near the dining room had the light bulb out in the shower and above the sink. The bathroom had a strong smell. b. The residential hallway leading from the common area into the dining room was dark with a light out. c. Two holes in the ceiling exposed insulation, wood and the system. d. The exit door in the residential hallway was	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 67 missing the frame around the door and exposed the door's caulking. e. Observation of an unidentified resident room had two beds were present with no sheets on the bed and stains and debris on the mattress. The resident's dresser was broken and was jammed full of clothes and paper. 3. Further observations of the facility's surrounding grounds and yard conducted, on [redacted] at 10:40 a.m. revealed the following (see Photographic Evidence). a. The outside of the facility to the left side and the [redacted] yard was overgrown with weeds, grass, bushes/shrubs, and cluttered with debris; which provided a hearty habitat for bugs, pests, vermin, and snakes. One male resident (name unknown) yelled to the Surveyor "don't go [redacted] there, there's snakes [redacted] there" as the Surveyor went to observe the left side and the [redacted] yard of the building. b. There was a piece of a mop bucket and cigarette butts lying on the ground on the left side of the building and the entry fence gate was broken. c. The [redacted] yard had a pile of cement blocks and a bed frame was leaning against the wall of the building. d. There were three boards leaning against the wall of the attached apartment. There was a rolled-up pair of dirty socks on top of a pile of roofing [redacted]. There were windows with no screens, which included one window that was wide open. One window was missing the glass and frame, which was leaning against the building underneath resting on the exposed sewage pipe. e. The outside walls were covered in black and green discoloration consistent with mold, mildew, and/or [redacted] growth. Above the air conditioning	A 152		

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A 152	Continued From page 68 unit there were exposed and piggy-backed electrical wires hanging down and an electrical wire hanging down in front of a window. f. In the front yard to the left of the front door entrance, there was a broken treadmill with the electrical cord not secured, which could potentially become a trip/ hazard. g. The walls in the living room, dining room and parts of the hallways were covered in dried liquid drips and spills splattered on the walls. During observations of the facility's hallways on from 9:40 a.m. until 6:00 p.m., revealed that the hallway floors throughout the facility were heavily soiled with debris and discolored. There were numerous black marks and stains across the tile floors (photographic evidence obtained). An interview was conducted with the House Manger on beginning at 1:57 p.m. The House Manager confirmed all the physical plant issues and stated there were a lot of issues with the building both inside and outside that need to be fixed. 4. During an observation of # on , the room was severely cluttered with clothes and debris on the floor. The dresser drawers were cluttered and unable to be closed. The top of the dresser was covered with stains and food. A large bicycle was in the room leaning against the large cluttered dresser. The closet door was broken and unable to be opened. The resident mattress to the right of the room did not have sheets and stains were present on the mattress. The resident bed to the left had live bed bugs present with large amounts of bed bug fecal matter at the corners of the mattress and around the headboard (photographic evidence obtained).	A 152		

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A 152	Continued From page 69 An observation of Resident #9, conducted on [redacted] at 10:35 a.m., revealed that the resident had marks covering the forehead, [redacted], and both right and left arms consistent with bed bug bites. A record review of the facility's pest control log found on the last visit, dated [redacted], there were 100 live bed bugs present in [redacted] live bed bugs in [redacted] signed by the technician from the pest control company. During an interview on [redacted] at 11:54 a.m., the House Manager stated she was aware that there were bed bugs in [redacted] and that residents resided in the room. During a tour of the dining room area at 12:00 p.m. on [redacted] revealed in the corner of the dining room a chair with a bin of dirty dishes. To the left of the chair was a water cooler with stains on the tray from what appeared to be mildew-like substance. Directly in front of the chair was a trashcan filled with trash and food debris was stuck to the wall. The floor in this area was discolored and stained (photographic evidence obtained). Class I	A 152		