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
	AL11932598	A. BUILDING: _____ B. WING _____	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE OF STUART, INC. (THE	1048 N. FORK ROAD STUART, FL 34994

(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
CZ816 SS=B	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ... to the Federal Bureau of Investigation for a national criminal history record check unless the person's ... are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ... of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ... to the Federal Bureau of Investigation for a national criminal history record check. The ... shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ... Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within	CZ816		

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CZ816	Continued From page 1 the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with . , the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 59A-35.090(2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . for any	CZ816		

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CZ816	Continued From page 2 disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to . , , ... to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the Facility failed to ensure an Attestation of Compliance with Background Screening Requirements, (AHCA Form 3100-0008, ,), was completed by 2 of 2 employees ,whose records were reviewed, and retained by the provider upon hire to attest	CZ816		

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CZ816	Continued From page 3 that they met the requirements for qualifying for employment, they had not been unemployed for more than 90 days from a position that requires a Level 2 screening, and they agreed to inform the employer immediately if . . . . . for any disqualifying offense (Staff A and Staff B). The findings included: On , a review of the employee records for Staff A (hired . . . .) and Staff B (hired) failed to produce a signed and dated copy of the required Attestation of Compliance with Background Screening Requirements, (AHCA Form 3100-0008, ...). On . . . at 11:00 AM, a request for the signed Forms was made to the Administrator. She acknowledged she did not have these forms at this time. At 1:45 PM, she presented signed and dated Attestation of Compliance Forms for Staff A and Staff B. The date of the signatures on the forms presented at this time was	CZ816		

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A 000	Initial Comments An unannounced abbreviated Relicensure survey was conducted on [redacted] at Residence of Stuart, Inc (The). The facility had deficiencies at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(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 [redacted] syringe that is prefilled with the proper dosage by a pharmacist and an [redacted], 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 [redacted] or placing the dosage in another container and helping the resident by lifting the container to his or her [redacted]. (d) Applying [redacted] 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 [redacted], including removing the cap of a [redacted], opening the unit dose of [redacted] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [redacted]. (h) Using a [redacted] to perform [redacted] level checks. (i) Assisting with putting on and taking off	A 052		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 052	Continued From page 1 stockings. (j) Assisting with applying and removing an 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.	A 052		

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A 052	Continued From page 2 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, 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	A 052		

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A 052	Continued From page 3	A 052		

enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and 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, interview, and record review, it was determined the facility failed to ensure that unlicensed staff (Staff D), who

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A 052	Continued From page 4 provided assistance with the self-administration of medications, failed to follow procedures described in Section 429.256, F.S. for 2 of 2 residents (#3 and #4) specifically related to: (a) Taking the medication, in its previously dispensed, properly labeled container, 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 . The Findings included: 1. On at 9:56 AM, Staff D, an unlicensed caregiver, was observed preparing to assist Resident #3 with his morning medication. Staff D washed her and removed 3 of Resident #3's labeled medication bottles from a locked cart located in large sitting area next to dining room. Staff D poured out 1 tablet Resident #3's labeled bottle of , , 100 mg, into the medication bottle's cap. She used her ungloved to pick up the pill to place into a pill splitter; however the pill slipped out of her into an opened drawer below. Staff D poured out another pill from the labeled bottle of , into the bottle's cap, and used her ungloved to pick out the tablet and place into the pill splitter. She halved the 100 mg of , and placed into a small medication cup. Staff D removed 1 tablet of 81 mg of , and 1 tablet of 100 mg and placed them in small med cup.	A 052		

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A 052	Continued From page 5 Staff D took the medication in the med cup to Resident #3, who was sitting at a table in the dining room, which was out of the sight of the medication cart. Staff D did not inform Resident #3 of any of the medications being provided to him. Staff D placed the medication onto a spoon and fed the medication to Resident #3, without any assistance from Resident #3, even though Resident #3 was physically capable of placing the medication into his on his own, as he was observed eating his breakfast, independently, without any difficulty. On at 10:00 AM, after providing Resident #3 with his medications, Staff D returns to the cart and retrieves the dropped , from the medication drawer. Staff D was asked what she was going to do with the dropped pill, and she stated she was going to ask the administrator what she should do with it, as she was unsure. Staff D returned and stated she was going to throw it in the garbage. She took the tablet and tossed it into the garbage can in the kitchen. 2. On at 12:20 PM, Staff D was observed assisting Resident #4 with noon medications. Staff D removed Resident #4's medication from the locked medication cart. Staff D placed 1 tablet of , 50 mg, and 2 tablets of softener in a pill crusher and mixed the crushed tablets with Resident #4 ice cream. Staff D fed Resident #4 the ice cream mixed with the crushed medications, without any assistance from Resident #4, even though Resident #4 was physically capable of placing the medication into her on her own, as she was observed eating her breakfast,	A 052		

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A 052	Continued From page 6 independently, without any difficulty. These observations were discussed with the Administrator on at 1:45 PM. She acknowledged that Staff D did not follow the proper procedure when assisting with self-administration of medications. Class III	A 052		
A 056 SS=D	59A-36.008(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 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;	A 056		

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A 056	Continued From page 7	A 056		

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 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

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A 056	Continued From page 8 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. This Statute or Rule is not met as evidenced by: Based on medication record review and staff interview, the facility failed to ensure "as needed" medications were accompanied by written orders from the health care provider which describe the circumstances under which it would be appropriate for the resident to request the medication, and any limitations must be specified, for 5 of 5 residents whose medication observation records were reviewed (#2, #4, #5, #6, and #8). The findings included: A review of the Medication Observation Records (MORs) revealed the following "as needed" medication orders: 1. Resident #2 - a) ProAir, 2 puffs every 4 hrs as needed for "breathing". The order written in the MOR should state they type of "breathing" that would warrant the need	A 056		

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A 056	Continued From page 9 for this inhaler medication. b) Immodium 2 mg, 2 tabs after first episode, 1 after. The order written in the MOR does not specify what type of "episode" is being addressed. Also, the "1 after" does not specify if it is 1 mg or 1 tab, or how soon after "episode" it is to be taken. c) , 2 tabs for , every hrs. This written copy of physician order in MOR does not give dosage (mg) of the tablets, nor does the order address the level of , , or give any limitations on dosage. 2. Resident #4 - a) , 500 mg every hours for , . This order does not address the level of , , or any limitations on dosage. 3. Resident #5 - a) , , , , insert 1 , , , once a day as needed. This order does not address the reason this medication would be "needed." b) , 100 mg, take one capsule orally twice a day as needed [for] , . c) , 5 mg, Take 3 tablets orally once a day as needed [for] , . These orders for medication for , does not define how many days without a movement would be deemed as " , ". Without clarification, unlicensed staff would be required to make this judgement. d) , , take 2 tabs as needed. This written copy of physician order in MOR does not give dosage (mg) of the tablets, nor any limitations on the dosage. It also does not specify the reason this medication would be "needed." 4. Resident #6 -	A 056		

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	AL11932598	A. BUILDING: _____ B. WING _____	12/06/2019

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A 056	Continued From page 10 a) , , 325 mg, take tablet by . . . every 6 hours for as needed. This written copy of physician order in MOR does not address the level of , , or give any limitations on dosage. b) Milk of Magnesia, take 30 ml by every 24 hours as needed for . . . , ... This order for medication for , does not define how many days without a . . . . movement would be deemed as " , ". Without clarification, unlicensed staff would be required to make this judgement. 5. Resident #8 - a) Milk of Magnesia, take 2 Tablespoons orally once a day as needed for . , . This order for medication for . . , . . . does not define how many days without a movement would be deemed as " . . . , ... ". Without clarification, unlicensed staff would be required to make this judgement. b) , , , , insert 1 , , ... , once a day as needed. This order does not address the reason this medication would be "needed." c) Senagen Tablets, take 2 tables (17.2 mg) orally twice a day as needed. This order does not address the reason this medication would be "needed." d) Powder, dissolve 1 pack [in] 8 oz. water 2 times a day as needed for . . . , ... This handwritten copy of physician order for medication for . . . , . . . does not define how many days without a movement would be deemed as " . . . , ... ". Without clarification, unlicensed staff would be required to make this judgement. e) of , drink bottle by . This handwritten copy of physician order does	A 056		

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A 056	Continued From page 11 not specify how many ounces are to be drank, at what time, or what the medication is to be used for. f) Lotion, apply as needed up to 4 times a day. This handwritten copy of physician order does not address where it is to be applied or the reason this medication would be "needed." The concerns related to the physician orders for "as needed" medication was discussed with the Administrator on at 10:30 AM. She acknowledged understanding for the need for clarification by the physician for "as needed" medication as it relates to unlicensed staff assisting with the residents' medications. She stated she would speak with the physician regarding these clarifications. Class III	A 056		
A 079 SS=D	59A-36.010(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	A 079		

Agency for Health Care Administration

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A 079	Continued From page 12 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 59A-36.015(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 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 59A-36.011(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 . 6. During periods of temporary absence of the administrator or manager of more than 48 hours	A 079		

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A 079	Continued From page 13 when residents are on the premises, a staff member who is at least , 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 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 59A-36.007, 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.	A 079		

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A 079	Continued From page 14 (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 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' 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	A 079		

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A 079	Continued From page 15 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 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on facility record review and interviews, the facility failed to maintain documented minimum staff hours of 212 hours per week in relation to current census of 8 residents. The findings included: On [redacted] at 8:45 AM, the Administrator stated that the current census of the facility was 8 residents. She confirmed there were 3 care staff, in addition to herself, at this time. During review of all staffing schedules from [redacted] to [redacted], it was determined, based on the staffing hours on these schedules, that the facility staffing hours totaled 200 hours per week. The break-down of hours for each week is as follows: Staff A works 33 hours per week Staff D works 24 hours per week Staff B works 45 hours per week Staff C works 98 hours per week (Administrator/live-in Registered Nurse) Confidential family interviews conducted on [redacted] at 11:00 AM and 12:20 PM revealed concerns with the lack of staff in the afternoons. These family members stated that there is only 1 staff available in the afternoons to assist the 8	A 079		

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A 079	Continued From page 16 residents. This 1 staff is responsible for cooking, cleaning, and supervising and assisting the residents. These family members stated there had been no negative consequences resulting from the lack of staff at this time, but they did not feel their family members were not getting the quality of care they would get with additional staff. In response to a discussion regarding staffing hours, via email, on at 11:59 AM, the Administrator stated that she lives at the facility, and she is always available to assist as needed; however it was explained that staffing hours have to be per "scheduled" staffing hours, not "on-call" hours. State regulations document the minimum staffing hours for a facility with 8 residents is to be no fewer than 212 hours per week. Class III	A 079		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of	A 084		

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A 084	Continued From page 17 medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;	A 084		

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A 084	Continued From page 18 e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have	A 084		

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A 084	Continued From page 19 successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 1 of 1 unlicensed staff reviewed (Staff A), who provides assistance with the self-administration of medications and successfully completed 4 hours of assistance with self-administration of medication training, completed an a additional 2 hours of medication training that focused on the following topics: a) Assisting residents with . . syringes that are prefilled with the proper dosage by a pharmacist and . . , . . that are prefilled by the manufacturer for self-injection; b) Assisting with . . . . . ; c) Using a . . to perform testing; d) Assisting residents with , . and continuous positive airway pressure (CPAP) devices, excluding the titration of the , .	A 084		

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A 084	Continued From page 20 levels; e) Applying and removing stockings and hosiery; f). Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, g) Measurement of , , rate, temperature, and , rate. The findings included: On , during employee record review for Staff A (hire date), documentation was found that Staff A had completed a 6 hour initial assistance with the self-administration of medications training on . She had then completed the annual 2 hour update each year, with the last 2 updates being completed on and . There was no documentation found showing Staff A had completed the additional 2 hours of medication training that focused on the medication topics listed above in items "a" through "g". Interview with the Administrator on at 10:30 AM , and Staff A on at 1:40 PM, confirmed both were unaware of the requirement for the additional 2 hours of medication training needed. Class III	A 084		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must:	A 152		

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A 152	Continued From page 21 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 to ensure easy access by the resident, 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 and staff interview, the facility failed to ensure appurtenances are maintained in a clean and well-functioning	A 152		

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A 152	Continued From page 22 working order. The findings included: During tour of the facility on at 11:30 AM, it was noted that most all the ceiling vents, ceiling area around the vents, contain black-colored dust/dirt which has blown out of the vent. Fans in the kitchen and dining area were coated with a thick layer of dust. The ceiling fan in the kitchen is located above food preparation areas, and the fans in the dining room are located above dining tables where resident's eat their meals. On at 1:45 PM, the condition of the vents and fans was discussed with the Administrator. She acknowledged the need for the vents and fans to be cleaned at this time. Class III	A 152		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS.	A 161		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 161	Continued From page 23 (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by:	A 161		

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
	AL11932598	A. BUILDING: _____ B. WING _____	12/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE OF STUART, INC. (THE	1048 N. FORK ROAD STUART, FL 34994

(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 161	Continued From page 24 Based on employee record review and staff interview, the facility failed to provide documentation showing 1 of 2 employees reviewed had completed the required one-time education course on / . (Staff A). The findings included: During review of Staff A's employment record on , a training certificate showing completion of approved / . training for Staff A could not be found. Staff A was hired on . . . . . During a previous relicensure survey conducted on , documentation was reviewed and training completion date recorded for Staff A showing she had taken 4 hours of / . training on . . . . , but her training certificate was no longer in her employment file. A request for the missing training certificate was made to the Administrator on . . . . . at 11:00 AM. No documentation of the missing certificate for the / . . training by Staff A was provided prior to the completion of this survey. Class III	A 161		