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
	AL11964951	A. BUILDING: _____ B. WING _____	12/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF LARGO	300 HIGHLAND AVENUE, NE LARGO, FL 33770

(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 000	Initial Comments An abbreviated re-licensure survey with limited nursing services (LNS) was conducted at Arden Courts of Largo Assisted Living Facility on [redacted]. The facility had deficiencies at the time of the survey.	A 000		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED [redacted] ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between [redacted] and [redacted] shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "[redacted] and Related [redacted] Level I Training," must address the following subject areas: 1. Understanding [redacted]'s [redacted] and related [redacted]; 2. Characteristics of [redacted]; 3. Communicating with residents with [redacted]'s [redacted]; 4. Family issues; 5. Resident environment; and, 6. Ethical issues.	A 086		

AHCA Form 3020-0001

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

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A 086	Continued From page 1	A 086		

(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training.
(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these :
1. Behavior management,
2. Assistance with ADLs,
3. Activities for residents,
4. Stress management for the care giver; and,
5. Medical information.
(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.
(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection

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A 086	Continued From page 2 (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 086		

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A 086	Continued From page 3 did not provide [redacted] II training for 1 of 3 (Staff B) direct care staff sampled. Findings Included: Record review of Staff B's personnel file on [redacted] revealed Staff B was hired on 11/15/18 and she completed her [redacted] training on [redacted] and had nine months from date of hire to complete the [redacted] II training. There was no certificate in Staff B's file showing she had completed the [redacted] II training within nine months of hire. During an interview with the Office Manager conducted on [redacted] at 11:15 am, she stated the certificate for the [redacted] II training for Staff B was not in her file. Class III	A 086		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [redacted], 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 [redacted], 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,	A 162		

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A 162	Continued From page 4 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 59A-36.006, 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 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, 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 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, 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	A 162		

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A 162	Continued From page 5 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 plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, 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,	A 162		

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A 162	Continued From page 6 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, 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 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a complete health assessment documented on the Agency for Health Care Administration Form 1823 (AHCA 1823) as described in Rule 58A-5.0181 and Rule 59A-36.006, Florida Administrative Codes for four Residents (#1, #2, #5, and #6) of four sampled residents. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 had an AHCA 1823 dated , which was incomplete and did include the required nursing services of	A 162		

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A 162	Continued From page 7 Limited Nursing Services on page one. The AHCA 1823 did not include Resident #1's name and date of birth at the top of each page. Resident #1 was admitted into the Facility on . . . . . Resident #1 was admitted into LNS on . A record review for Resident #2, conducted on . . . . . , revealed that Resident #2 had an AHCA 1823 dated , which was incomplete and did include the required nursing services of Hospice or LNS services on page one. The AHCA 1823 stated that Resident #2 required 24-hours nursing or , , care. The AHCA 1823 did not stated the name of the current Facility on page one. The AHCA 1823 did not state the Examiner's telephone number or address on page four. Resident #2 was admitted into the Facility on . . . . . Resident #2 was admitted into Hospice services on . Resident #2 was admitted into LNS services on . . . . . . A record review for Resident #5, conducted on , revealed that Resident #5 had an AHCA 1823 dated . . . . , which was incomplete and did include the required nursing services of LNS on page one. The AHCA 1823 did not the current Facility name and address or Resident #5's ␣ and ␣ on page one. The AHCA 1823 did not include Resident #5's ␣ and behavioral status or an elopement risk assessment. The AHCA 1823 did not include the type of diet that Resident #2 required and did not stated whether the resident's needs could be met in an assisted living facility. The AHCA 1823 did not include the Examiner's telephone number or address. Resident #5 was admitted into the Facility on . Resident #5 was admitted into LNS service on	A 162		

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A 162	Continued From page 8 A record review for Resident #6, conducted on , revealed that Resident #6 had an AHCA 1823 dated , which was incomplete and did include the required nursing services of Hospice or LNS services on page one. The AHCA 1823 did not include Resident #6's name and date of birth at the top of each page. The AHCA 1823 did not include the type of assistance the Resident #6 required for medication administration. The AHCA 1823 stated that Resident #6 had two communicable , of the nares and of the . Resident #6 was admitted into the Facility on . Resident #6 was admitted into Hospice services on . Resident #6 was admitted into LNS services on . During an interview with the Administrator and Staff D, conducted on at 03:00pm, the Administrator and Staff D agreed that Resident #1, #2, #5, and #6's AHCA 1823 forms were incomplete and did not include all of the required data according to Florida Administrative Codes. The Administrator was unable to provide documentation that Resident #6's communicable were colonized, and that the resident did not pose a threat to other residents residing in the Facility. Class III	A 162		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the	AN277		

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AN277	Continued From page 9 admission and continued residency criteria specified in rule 59A-36.006, F.A.C. (b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or . . . . . nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to obtain authorization for Limited Nursing Services (LNS) by a health care provider's order for four Residents (#1, #2, #5, and #6) of four sampled residents admitted into the Facility Limited Nursing Services. Findings Included: A review of the facility's LNS admission log, conducted on . , revealed that Residents	AN277		

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	Continued From page 10	AN277		

#1, #2, #5, and #6 were admitted into the facility's LNS. Resident #1 was admitted to the facility's LNS on [redacted] for [redacted] use at night. Resident #2 was admitted to the facility's LNS on [redacted] for a [redacted]. Resident #5 was admitted to the facility's LNS on [redacted] for a [redacted]. Resident #6 was admitted to the facility's LNS on [redacted] for [redacted] use as needed.

A record review for Resident #1, conducted on [redacted], revealed that Resident #1's record did not contain an authorization order for Resident #1 to be admitted into the Facility's LNS.

A record review for Resident #2, conducted on [redacted], revealed that Resident #2's record did not contain an authorization order for Resident #2 to be admitted into the Facility's LNS.

A record review for Resident #5, conducted on [redacted], revealed that Resident #5's record did not contain an authorization order for Resident #5 to be admitted into the Facility's LNS.

A record review for Resident #6, conducted on [redacted], revealed that Resident #6's record did not contain an authorization order for Resident #6 to be admitted into the Facility's LNS.

During an interview with the Administrator and Staff D, conducted on [redacted] at 03:20pm, the Administrator and Staff D were unable to provide orders from Resident #1, #2, #5, and #6's health care providers to authorize admission into the Facility's LNS.

Class III

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AN278	Continued From page 11	AN278		
AN278 SS=D	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain Limited Nursing Services (LNS) records as required for four Residents (#1, #2, #5, and #6) of four sampled residents admitted into the Facility's LNS. Findings Included: A review of the Facility's LNS admission log, conducted on , revealed that Residents #1, #2, #5, and #6 were admitted into the Facility's LNS. A record review for Resident #1, conducted on , revealed that Resident #1's LNS record	AN278		

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AN278	Continued From page 12 did not include a monthly initial assessment on when the resident was admitted into the Facility's LNS for use at night. The monthly assessment dated did not include specific documentation related to the resident's use or non-use or specific assessments related to breathing or difficulty of breathing. There was no written progress report that described the type, amount, duration, scope, and outcomes of Resident #1's LNS services. A record review for Resident #2, conducted on , revealed that Resident #2's LNS record did not include a monthly initial assessment on when the resident was admitted into the Facility's LNS for a or for . The monthly assessments dated and listed the Resident #2's as an and not a and did not include specific assessment for a such as assessments of the site, status (color, odor, etc.) and replacements and tolerance of replacements if needed or not needed. Progress notes maintained stated that Resident #2 had a and an order dated stated that the resident had a . There was no written progress report that described the type, amount, duration, scope, and outcomes of Resident #2's LNS services. A record review for Resident #5, conducted on , revealed that Resident #5's LNS record did not include a monthly initial assessment on when the resident was admitted into the Facility's LNS for a , or for , , or . The monthly assessments dated , , and did not include specific assessment for	AN278		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF LARGO	300 HIGHLAND AVENUE, NE LARGO, FL 33770

(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
AN278	Continued From page 13 a [redacted], such as site assessment, skin color, [redacted] status (color, odor, etc.) and tolerance to [redacted] replacements if needed or not needed. There was no written progress report that described the type, amount, duration, scope, and outcomes of Resident #5's LNS services. A record review for Resident #6, conducted on [redacted], revealed that Resident #6's LNS record did not include a monthly initial assessment on [redacted] when the resident was admitted into the Facility's LNS for [redacted] use as needed or any monthly assessment for [redacted], or [redacted]. The monthly assessment dated [redacted] did not include specific documentation related to the resident's [redacted] use or non-use or specific assessments related to breathing or difficulty of breathing. Progress notes maintained, revealed that Resident #6 was also receiving LNS for [redacted] care. There was no admission logged for the date the [redacted] care started or monthly assessments maintained specific to Resident #6's [redacted] care needs. There was no written progress report that described the type, amount, duration, scope, and outcomes of Resident #6's LNS services. During an interview with the Administrator and Staff D, conducted on [redacted] at 03:10pm, the Administrator and Staff D were unable to provide the missing monthly assessments for Residents #1, #2, #5, and #6. The Administrator and Staff D agreed that the monthly assessments did not include specific assessments to the reasons that Residents #1, #2, #5, and #6 were admitted to LNS. Class III	AN278		