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
	AL11968935	A. BUILDING: _____ B. WING _____	01/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST RIDGE RETIREMENT VILLAGE, INC	19225 SW 87TH AVE MIAMI, FL 33157

(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
CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an updated employee roster within the background screening clearinghouse database for one out of eleven sampled staff (Staff D).	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 Findings included: Personnel record review showed that Staff D was hired on and terminated on On at 04:30 am, Staff D was observed providing care and services to residents. She stated that she had been working in the facility for 18 years, and that she had never left the facility. She further stated sometimes took vacations but for only about one week. Unclassified	CZ814		

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CZ815 SS=C	408.809; 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ... with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ... with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ... must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	CZ815		

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

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CZ815	Continued From page 2	CZ815		

(m) Section 817.60, relating to obtaining a credit card through fraudulent means.
(n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
(o) Section 831.01, relating to forgery.
(p) Section 831.02, relating to uttering forged instruments.
(q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
(r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
(s) Section 831.30, relating to fraud in obtaining medicinal drugs.
(t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.
(u) Section 895.03, relating to racketeering and collection of unlawful debts.
(v) Section 896.101, relating to the Florida Money Laundering Act.
If, upon rescreening, a person who is currently employed or with a licensee as of , and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.
(5) A person who serves as a controlling interest

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CZ815	Continued From page 3 of, is employed by, or contracts with a licensee on , , , who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by , , , in compliance with the following schedule. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person. The rescreening schedule shall be: (a) Individuals for whom the last screening was conducted on or before , , must be rescreened by , , . (b) Individuals for whom the last screening conducted was between , , , and , , must be rescreened by , , . (c) Individuals for whom the last screening conducted was between , , , through , , must be rescreened by , , . (6) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.	CZ815		

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CZ815	Continued From page 4 (7)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (8) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (9) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial	CZ815		

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CZ815	Continued From page 5	CZ815		

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

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

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CZ815	Continued From page 7	CZ815		

completed for any person whose responsibilities required him or her to provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities required him or her to provide personal care or personal services directly to clients, or ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas.

Findings included:

On at 6:30 AM, observed Resident #15's private aide walking in the common area in the Memory Care Unit unescorted by staff. Resident #15's private aide was not with Resident #15 at that moment. Facility staff were not present with several residents who were seated in the common area.

On at 6:30 AM, Resident #15's private aide stated that she was not the private aide on duty the previous day. She further stated that she worked during the weekdays while the other person worked on the weekends. The aide stated that the facility never requested her to provide evidence of background screening.

Review of internal incident/accident report completed for Resident #3 showed the resident reported missing some rings on from the resident's room. Further review of facility documents showed Resident #3's daughter informed the facility that a watch and rings were missing. The records documented that the resident had a private aide who worked Monday, Wednesday, Friday and Saturday from 9 AM to 3

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CZ815	Continued From page 8 PM. The documentation reflected that Resident #18's private aide informed the facility that on during the lunch Resident #3's private aide put the resident's down and covered it with the napkin every time the resident raised the left . During the investigation Resident #3's private aide stated that she did not see the resident's rings on or . The private aide stated that the resident on on the bathroom floor and that the resident placed her inside the toilet bowl; the private aide pulled the resident's out of the toilet and the resident wore the rings. The private aide stated that she reported the incident the nurse on duty. On at 5:18 AM, the administrator stated that the facility did not have documentation of background screening for private aides. Unclassified.	CZ815		
CZ824 SS=C	408.811 FS; 59A-35.120 FAC Right of Inspection; Inspection Reports 408.811 Right of inspection; copies; inspection reports; plan for correction of deficiencies.- (1) An authorized officer or employee of the agency may make or cause to be made any inspection or investigation deemed necessary by the agency to determine the state of compliance with this part, authorizing statutes, and applicable rules. The right of inspection extends to any business that the agency has reason to believe is being operated as a provider without a license, but inspection of any business suspected of being operated without the appropriate license may not be made without the permission of the owner or person in charge unless a warrant is	CZ824		

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CZ824	Continued From page 9 first obtained from a circuit court. Any application for a license issued under this part, authorizing statutes, or applicable rules constitutes permission for an appropriate inspection to verify the information submitted on or in connection with the application. (a) All inspections shall be unannounced, except as specified in s. 408.806. (b) Inspections for relicensure shall be conducted biennially unless otherwise specified by authorizing statutes or applicable rules. (2) Inspections conducted in conjunction with certification, comparable licensure requirements, or a recognized or approved accreditation organization may be accepted in lieu of a complete licensure inspection. However, a licensure inspection may also be conducted to review any licensure requirements that are not also requirements for certification. (3) The agency shall have access to and the licensee shall provide, or if requested send, copies of all provider records required during an inspection or other review at no cost to the agency, including records requested during an offsite review. (4) A deficiency must be corrected within 30 calendar days after the provider is notified of inspection results unless an alternative timeframe is required or approved by the agency. (5) The agency may require an applicant or licensee to submit a plan of correction for deficiencies. If required, the plan of correction must be filed with the agency within 10 calendar days after notification unless an alternative timeframe is required. (6)(a) Each licensee shall maintain as public information, available upon request, records of all inspection reports pertaining to that provider that have been filed by the agency unless those	CZ824		

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CZ824	Continued From page 10	CZ824		

reports are exempt from or contain information that is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution or is otherwise made confidential by law. Copies of such reports shall be retained in the records of the provider for at least 3 years following the date the reports are filed and issued, regardless of a change of ownership.
(b) A licensee shall, upon the request of any person who has completed a written application with intent to be admitted by such provider, any person who is a client of such provider, or any relative, spouse, or guardian of any such person, furnish to the requester a copy of the last inspection report pertaining to the licensed provider that was issued by the agency or by an accrediting organization if such report is used in lieu of a licensure inspection.

59A-35.120 Inspections.
(1) When regulatory violations are identified by the Agency:
(a) Deficiencies must be corrected within 30 days of the date the Agency sends the deficiency notice to the provider, unless an alternative timeframe is required or approved by the Agency.
(b) The Agency may conduct an unannounced follow-up inspection or off-site review to verify correction of deficiencies at any time.
(2) If an inspection is completed through off-site record review, any records requested by the Agency in conjunction with the review, must be received within 7 days of request and provided at no cost to the Agency. Each licensee shall maintain the records including medical and treatment records of a client and provide access to the Agency.
(3) Providers that are exempt from Agency inspections due to accreditation oversight as

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CZ824	Continued From page 11 prescribed in authorizing statutes must provide: (a) Documentation from the accrediting agency including the name of the accrediting agency, the beginning and expiration dates of the provider's accreditation, accreditation status and type must be submitted at the time of license application, or within 21 days of accreditation. (b) Documentation of each accreditation inspection including the accreditation organization's report of findings, the provider's response and the final determination must be submitted within 21 days of final determination or the provider is no longer exempt from Agency inspection. This Statute or Rule is not met as evidenced by: Based on review and interview, the facility failed to provide documents requested at the time of the survey. Findings included: The facility provided a log that showed residents that or had adverse incidents since to . The list showed that on , Resident #19 was on her ride side on the kitchen floor in front of her bed and she stated losing her balance. According to the document, Resident #19's resulted in a of the right . Further review of the log showed that on Resident #24 was on her ride side on the floor in front of her bed and she stated she did not know what happened. Resident #24's resulted in a slightly displaced acute or subacute at the left pubic and nondisplaced left pubic / left ischial appearing acute or subacute. On at approximately 8 AM, Staff B stated that the records for Residents #19 and #24	CZ824		

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CZ824	Continued From page 12 were not at the facility and that they needed to request them from elsewhere. On at 2:37 AM, Staff E stated that the the staff were required to press the button in the residents' bathroom identified by a check mark symbol when conducted the rounds to the rooms. The the signal resulting from the button being pressed went to the guard station at the gate, and that supervisors reviewed a printout. On at 3:12 AM, Staff A, stated that call light had been pulled. She left the hallway bathroom, returned and stated that she had turned the lights off in the nursing station, where she stated a record registered to a central console which supervisors reviewed at intervals to ensure that lights were being answered. Interviews and observations on , and showed that, the facility did not provide documentation of responding timely to call lights or other requests from residents for staff assistance . On at 3:52 PM, Staff A stated that "IT (information) is on vacation until " Unclassified.	CZ824		

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A 000	Initial Comments A complaint investigation (complaint numbers 2019017176, 2019018174 and 2019019078) was conducted at East Ridge Retirement Village, Inc on [redacted] and concluded on [redacted]. Deficiencies were identified at the time of survey.	A 000		
A 010 SS=D	429.26(&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets	A 010		

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A 010	Continued From page 1 the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care	A 010		

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A 010	Continued From page 2 provider, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that one of 41 sampled residents (Resident #12) met criteria for continued residency. The facility also failed to ensure that residents had a [redacted]-to-[redacted] medical examination by a health care provider after a significant change. Findings included: Observation on [redacted] at 3:15 AM showed that Resident #12's room had a strong odor of [redacted]. On [redacted] at 3:15 AM, Staff D stated, "She is always like this; we change her and then, she takes the brief off and urinates all over the apartment. We bring a cleaning crew for the carpet and the sofa and the next day is [redacted] to the same way." A review of Resident #12's health assessment for [redacted] showed that the resident needed supervision to bathe and dress, and was able to toilet, groom, ambulate and transfer independently. A review of Resident #12's [redacted] assessment for [redacted] showed that Resident #12 was observed on the kitchen floor. The document stated that 'Resident #12 said she was trying to get bread and [redacted]. No injuries noted. Resident did not use pendant for assistance.' A review of Resident #12's [redacted] assessment for [redacted] showed 'Resident #12 was observed on the floor at 3rd floor nurse's station while stated that she was trying to call for help. Nurse	A 010		

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A 010	Continued From page 4 assisted resident off the ground and medicated her. Resident went to hospital for ankle , , , and , .' On at 6:05 PM, Resident #12's family member stated, "She has no control over her peeing, they were going to speak to me about it after the holidays. She started when she had surgery on her thumb. I don't know if they want to put her in another type of unit." Class III	A 010		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule	A 025		

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A 025	Continued From page 5 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide care and services appropriate of the needs of residents, and failed to offer personal supervision as appropriate for each resident to ensure awareness of the general health, safety, and physical and emotional well-being of at least 10 out of 41 sampled residents (#12, #13, #2, #4, #5, #6, #9, #30, #17, #7). The facility failed to maintain accurate updated written records of any significant changes resulting in medical attention for one out of 41 sampled residents (#2). Findings included:	A 025		

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A 025	Continued From page 6 A review of a facility log showed residents that or had adverse incidents since . . . . . to . . . . . Resident #12 was observed on the floor at the third floor nurse station on . . . . . when suffered left , ankle and the on the floor of her unit kitchen on . . . . . Resident #6 slipped and in the bathroom resulting on left , ... Resident #9 found on the floor of the kitchen on lying on her right side and the resident explained that slipped and . . . Resident #13 in the living room and none one knew until the following day. The resident suffered a . . . . . Resident #4 was found on the floor between her bed and the dresser on resulting in broken and right boxer's . . . . . Resident #5 slipped and in the bathroom resulting on left , on . . . . . . 1) Observation on . . . . . at 3:15 AM showed that Resident #12's room smelled like . . . . On . . . . . at 3:15 AM, Staff D stated, "She is always like this; we change her and then, she takes the brief off and all the apartment. We bring a cleaning crew for the carpet and the sofa and the next day is . . . to the same way." Review of Resident #12's . assessment completed on . . . . . showed she was observed on the floor by the nurse stating at the 3rd floor. The document showed that the resident stated that she was trying to call for help. Further review showed the resident went to hospital for ankle , ... , and . . . . . A review of another assessment completed for Resident #12 on . . . . . showed that she was observed on the kitchen floor. Resident #12	A 025		

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A 025	Continued From page 7 stated that she was trying to get bread ,and . No injuries were noted. The document stated that the Resident did not use her pendant for assistance. 2) On at 3 AM, Staff D stated that Resident #13 approximately two weeks earlier, and broke his , . A review of Resident #13's health assessment (AHCA form 1823) dated indicated that he had medical history and diagnoses of ( ), Dependent and history of , . The resident had decreased mobility, used a walker and was dependent. He had and decrease mobility requiring precautions. A Review of Resident #2's record facility's record showed that there was one health assessment completed on indicating medical history and diagnoses included ( ) , Ramsay Hunt Cerebellar and . He required precautions and needed assistance with self-administration of medications but was independent with all activities of daily living. A review of nurses notes for Resident #2 showed that on at 3:31 AM, fire rescue transported the resident to the hospital, and the resident's son and the ALF manager were notified. The last note in the record was on at 4 PM and indicated that the resident returned to the facility from the hospital with no , and no new orders. A review of Resident #2's record showed	A 025		

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A 025	Continued From page 8 discharge instructions from the hospital regarding hospitalizations on and . The discharge document dated showed that the discharge diagnoses included acute and NSTEMI (non-ST elevated). The discharge instructions for hospitalization on showed that the discharge diagnoses included status post procedure, complication, and in native . A review of Resident #2's hospital records showed that he went to the hospital on due to . The resident had for two hours according to the emergency department triage completed on at 4:27 AM. The hospital record showed that the resident had high level by the time of the assessment ( ). The resident had and elevated prothrombin ( ) level. 3) On at 3:43 PM, Resident #2's family member stated that Resident #2 called him and told him that had in the middle of the night. The resident's family member drove to the facility and once there, he called emergency services. Resident #2 told him the family member that he'd called the facility's staff for help but they did not answer. The facility's staff arrived to the resident's room when the paramedics arrived, having taken approximately 45 minutes to respond. A review of Resident #2's ambulance record showed that on , the paramedics were called on before 3:22 AM because the resident complained of pressure for the last	A 025		

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A 025	Continued From page 9 previous two hours. Emergency personnel needed to administer for decreasing the . A review of Resident #2's record showed that there was one health assessment completed on indicating medical history and diagnoses included ( ) Ramsay Hunt Cerebellar and . He required precautions and needed assistance with self-administration of medications. 4) A review of Resident #4's health assessment (AHCA form 1823) completed on indicated that she had medical history and diagnoses of ( ). and . She needed assistance with activities of daily because had periods of forgetfulness and required and safety precautions. On at 2:35 AM, observed a private aide who sat on a recliner with closed in Resident #6's room. Resident #6 rested in bed. 5) A review of filed adverse incident report for Resident #5 showed that on around 3:45 PM, the resident in the bathroom with a staff when became combative during the change of brief. The resident slipped on a that was on the floor and . The resident complained of to her left arm and left , plus had limitation of the range of movement to left lower extremity and from her left big nail. The facility reflected that the resident had diagnoses of , and ; she also needed to use a walker and assistance with activities of daily living.	A 025		

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A 025	Continued From page 10 A review of Resident #6's record showed that there was one health assessment completed on indicating medical history and diagnoses included left 10, 11 and 12 , type 2, , left frontal and periorbital , OBS (Organic) with , , , and ASCVD (Atherosclerotic). The resident who had decreased memory and unsteady gait needed precautions and assistance with all activities of daily living. A review of the adverse incident report filed by the facility for Resident #6 showed that she had diagnoses of , , and . The resident was non-ambulatory and required wheelchair for movement. Resident #6 attempted to get up of the toilet on and to the floor. The Licensed Practical Nurse (LPN)_A on duty checked on the resident and identified two discolored bumps, one by the left and the other one by the left side of the . The was on at approximately 1:30 PM. The doctor ordered transferring the resident to the hospital. The resident's daughter took her to hospital on around 2 PM. 6) On at 3:17 AM, Staff D stated that Resident #9 the previous day. On at 3:20 AM, observed that Resident #9's room had a strong smell which could be smell front the entrance door. A review of a facility log showed residents that or had adverse incidents since to . Resident #9 was found on the floor of	A 025		

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A 025	Continued From page 11 the kitchen on [illegible] lying on her right side and the resident explained that she had slipped and [illegible]. A review of Resident #9's record showed that there was one health assessment completed on [illegible] indicating medical history and diagnoses included [illegible] R/L [illegible] - solved, [illegible], [illegible], and abnormal gait. The resident, who had decreased [illegible], needed [illegible] and safety precautions and was at risk for [illegible]. The resident needed assistance for bathing, [illegible], toileting and transferring but needed supervision with ambulation and self-care. 7) A review of facility records showed an internal form completed on [illegible] where indicated the resident had a discoloration [illegible] on right forehead post [illegible]. On [illegible] around 11:30 AM, the CNA (Certified Nursing Assistant) from the 11 PM to 7 AM shift reported that the resident was found around 6 AM sitting on the carpet floor in her bedroom. The CNA assisted the resident up, to the bed and then to standing. Resident #30 was found to have a red [illegible] to the right forehead. Review of Resident #30's record showed there was a health assessment completed on [illegible] indicating had medical history and diagnoses of AMS ([illegible]) and [illegible]. She declined in cognition was [illegible]. The resident needed safety precautions and assistance with bathing, [illegible], self-care and toileting, and supervision for ambulation, eating, and transferring. Resident #30's record had an order for cleaning with normal [illegible] solution, dry with sterile gauze and apply [illegible] (triple [illegible]) once daily and a [illegible] check (a check for	A 025		

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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 025	Continued From page 12 abnormal . . . . . responses in the . . . . area which indicate damage) for 24 hours as post . and . . . . . to right forehead. A doctor note dated indicating that the resident had . . . . . type . . . . . and gait . . . . . . 8) A review of an adverse incident report for Resident #17 showed that on around 2 PM, the resident was on the floor; she complained of , to the right , and the staff assisted . . . to the bed. Later on the same date, around 5:15 PM, the resident complained of , to right , area while observed attempting to ambulate. The LPN on duty helped her to get . . . in bed and gave her , . . medication. On around 9:55 PM, the , results showed that Resident #17 had acute subcapital of right , . A review of Resident #17's record showed that there was a health assessment (AHCA form 1823) completed on indicating the resident had medical history and diagnoses of status post , . . The resident needed to use rolling walker but she was oriented to 1 (unknown if was to person, place, or time). The resident required precautions and assistance with ambulation, bathing, self-care, toileting and transferring, and supervision for . . . . and eating. 9) On at 3:43 PM, Resident #41's family member stated that the resident needed to have her brief changed at 2 AM but it did not happen the majority of the time until around 6 AM. The family member further stated that the facility usually had two staff covering the three floors, and that residents received medications late.	A 025		

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A 025	Continued From page 13 Class II	A 025		
A 030 SS=J	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, 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	A 030		

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A 030	Continued From page 14 its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, 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; 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	A 030		

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A 030	Continued From page 15 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 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	A 030		

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A 030	Continued From page 16 representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (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	A 030		

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A 030	Continued From page 17 individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder	A 030		

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A 030	Continued From page 18 . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or 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 observation, interview and record review, the facility failed to honor three out of 41 sampled residents' rights to receive adequate and appropriate health care (Residents#1, 2, and 38). Resident #1 gasped for help and air for approximately 30 minutes without receiving medical care, then . . . . Resident #2 called a family member for help after suffering , for approximately two (2 hours) and the facility staff did not answer. Resident #38 complained about . . . . , . . and the facility's staff left her unattended for approximately seven minutes. The facility also failed to provide a safe living environment for one out of 38 sampled residents	A 030		

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A 030	Continued From page 19 (#3), whose jewelry was stolen. Findings included: 1) On at 3:43 PM, Resident #2's family member stated that Resident #2 called him and told him that he had , in the middle of the night. The resident's family member drove to the facility and once there, he called emergency services. Resident #2 told him that he called the facility's staff for help but they did not answer. The resident and family member stated that the facility's staff arrived at the resident's room when the paramedics arrived, having taken approximately 45 minutes to respond. Review of Resident #2's ambulance record showed that on , the paramedics were called on before 3:22 AM because the resident complained of pressure for the last previous two hours. They needed to administer for decreasing the . Review of Resident #2's record showed that there was one health assessment completed on indicating medical history and diagnoses included ( ) , Ramsay Hunt Cerebellar , , and , . He required precautions and needed assistance with self-administration of medications. A review of the hospital record for resident #2 showed that the resident was treated for . According to the Mayo Clinic, is a type of caused by reduced flow to the (an-JIE-nuh or AN-juh-nuh) is a symptom of , which may also be called pectoris, is often	A 030		

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A 030	Continued From page 20 described as squeezing, pressure, heaviness, tightness or , in your . Some people with symptoms describe as feeling like a vise is squeezing their or feeling like a heavy has been placed on their . symptoms include: , or discomfort, possibly described as pressure, squeezing, or fullness, in arms, , jaw, or accompanying , , , Fatigue, , Sweating, . The symptoms need to be evaluated immediately by a doctor who can determine whether the cause is stable , or unstable that may indicate a possible . 2) On at 6:30 AM, Staff E was heard contacting LPN A on the facility's two-way radio system regarding an emergency . She stated that the room calling for emergency was 1218. On at 6:31 AM, Staff C was observed inside . Resident #1 laid in bed. The resident was awake and and appeared to be in distress. She could be heard breathing with great difficulty. The resident stated that she was not able to breath and needed air. Staff C held the resident's left . The staff was recommended to call 911 (emergency services) to what she replied that she already had called the nurse by radio multiple times. Staff C elevated the resident's of bed. The resident remained awake and alert but continued complaining about not being able to breath. Resident #1 stated that she had a 'noise' in her that did not allow her to hear. Staff C was again recommended by state inspectors to call 911 (emergency services) however she still did not do it. Staff C was recommended to call the Registered Nurse (RN) on the floor, the Assisted Living Facility's (ALF)	A 030		

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A 030	Continued From page 21 manager, and to call again LPN A. The staff did not call the emergency services but called on the radio LPN A and the ALF's manager while continuing to hold the resident's left . Observation showed that the resident had , her , started to turn light blue, and she was sweating. On at 6:47 AM, LPN A called 911(emergency services). On at 7 AM, the paramedics arrived at resident's room. They started working on Resident #1. The paramedics talked between them and stated that the resident had rhonchi breath sounds (continuous and low-pitched breath sounds like snoring caused by lots of and obstruction of air way), her was and her level was 204. On at about 7:07 am, the paramedic was observed locating a in the resident record. On at 7:07 AM, the monitor showed a flat line and made a continuous sound without beeps, indicating the absence of a heartbeat. A review of Resident #1's ambulance record showed that on , the resident laid on her and was agonal taking the last breath as the paramedics walked into the unit. The electronic monitor showed the resident had zero rate and zero , rate and the rhythms were (no presence of function). A review of Resident #16's record showed that there was a living will effective . The living will stated she would permitted "the performance of any medical procedure deemed necessary to provide me with comfort care or to	A 030		

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A 030	Continued From page 22 alleviate , ." There was no documentation that the resident did not wish to receive medical care if she was still responsive. Review of Resident #1's health assessment completed on showed that she had medical history and diagnoses of 's , PE/ (/), , NTH ( ), ( ), , and . The resident required assistance for ambulation, bathing, , self-care, toileting and transferring plus needed and precautions. Interviewed on at 8:00 am, Staff C stated, Regarding Resident# 1: "When I entered her room, I saw her sleeping and she was fine. At 2 am, she was fine. At 5:30 am I changed her and did , care. She walked from her room to the bathroom. An hour later she pressed the button and she went to the room & the resident couldn't breathe. At 6:05 am Resident# 1 pressed the pendant. I entered the room and the resident was screaming 'help me, help me.' I paged the nurse, put the of the bed up. The resident kept my tightly." Staff C further stated that she was trained to page the nurse first and help the patient if she can. Staff C said she had to stay with the resident and wait for the supervisor (the nurse). If the nurse couldn't come, she would do (, ,) if the resident was unresponsive. Asked when she would call rescue, Staff C stated she would not call rescue, she would need to wait for the supervisor. Staff C stated she thought took between 15 and 18 minutes until the nurse came. She further stated that she'd noticed it	A 030		

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A 030	Continued From page 23 was getting harder for the resident to breath. A review of the facility's emergency procedures received on showed that facility staff were required to call emergency services (911) when residents needed medical assistance in an emergency. 3) On at 7:22 AM, LPN B arrived to the nurse station at the first floor and informed LPN A that there was a second emergency on the third floor because one resident had . On at 7:26 AM, LPN B and Staff J were in . On at 7:27 AM, the LPN B and Staff J left the room, leaving Resident #38 in the room with her cat. On at 7:29 AM, Resident #38 stated that she had since Thursday night, but her got worse, and that she'd had since then. She further stated that the was going on for a couple of days. The was on the , but it radiated to the left arm. Resident #38 said the nurse gave her a , the previous night, and she was able to asleep. Resident #38 stated that she had a , . She said that on Thursday night, she called but the nurse took too long and when she arrived, it was better. On at 7:34 AM, LPN B returned to . Review of Resident #38's ambulance record showed that on , the facility called the paramedics because she had , . The	A 030		

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A 030	Continued From page 24 resident complained about left [illegible] which got worse the last couple of day and alleviated with [illegible] medication. Review of Resident #38's health assessment completed on [illegible] showed that she had medical history and diagnoses of [illegible], and [illegible]. The resident required assistance for bathing, [illegible], and transferring plus needed [illegible] precautions. 4) Review of internal incident/accident report completed for Resident #3 showed she reported some missing rings on [illegible] from the resident's room. Resident #3's daughter informed the facility that a watch and rings were missing. The resident had a private aide who worked Monday, Wednesday, Friday and Saturday from 9 AM to 3 PM. Further review showed Resident #18's private aide informed the facility that on [illegible] during the lunch Resident #3's private aide put the resident's [illegible] down and covered it with the napkin every time the resident raised the left [illegible]. During the investigation Resident #3's private aide stated that she did not see the resident's rings on [illegible] or [illegible]. The private aide stated that the resident [illegible] on [illegible] on the bathroom's floor. The resident placed her [illegible] inside the toilet bowl; the private aide pulled the resident's [illegible] out of the toilet and the resident wore the rings. The private aide stated that she reported the incident to the nurse on duty. On [illegible] at 5:18 AM, the administrator stated that the facility did not have evidence of background screening for private aides. A review of facility records showed that a police	A 030		

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A 030	Continued From page 25 report was filed against the [redacted] aide. There was no documentation of actions that might prevent an occurrence of theft by other aides. Class I	A 030		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including [redacted] testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical	A 053		

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A 053	Continued From page 26 Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that nurses administered the medications within one hour before or one hour after the scheduled time for one out of 41 sampled residents (#41). The facility also failed to ensure that nursing staff performed appropriate sanitation measures before, during or after administering medication for one out of 41 sampled residents (#41). Findings included: On at 10:07 AM, observed Licensed Practical Nurse (LPN) C entered to giving morning medication to Resident #41. The nurse did not wash her or use sanitizer, and did not wear gloves. She took the medications from the counter, then took all the tablets and placed them in a plastic pill crusher pouch. The nurse crushed all the medications together, put chocolate pudding in a small cup and added the crushed pills. Still not wearing gloves, LPN C opened the Florastor capsule, and dispensed the content into the mix of chocolate pudding and crushed pills and placed the mix in the resident's . Reconciliation of medication for Resident #41 showed that the medications given by LPN C	A 053		

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A 053	Continued From page 27 were . . . . . , ... , 25-100 tabs with instructions of giving half tablet by daily at 12 PM and 5 PM (but dispensed two), ... 30 mg tablet with instructions of giving one tablet by twice daily, ... 20 mg tablet with instructions of giving one tablet by once daily, Ferrocite tablet with instructions of giving one tablet by every morning, Florastor 250 mg capsule with instructions of giving one capsule by twice daily, ... CL ER 10 MEQ tab with instructions of giving one tablet by twice daily. A review of Resident #41's Medication Administration Records showed that the medications were scheduled at 9 AM. On at 10:32 AM, Staff B stated she was a nurse for 10 years. She stated that during the medication pass, a nurse must wash her , checked the medications against the medication administration record. She also stated that there was a window of time for administering the medication: one hour before and one hour after the prescribed time. Staff B further stated was informed that LPN C ran late for medication pass, but there was an emergency early in the morning in the facility. Staff B said that there were two licensed practical nurses doing the medication pass on three floors of the ALF (Assisted Living Facility). A review of the facility's policies and procedures for medication administration stated that the facility's staff should not touch the medication. Class III	A 053		

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A 054	Continued From page 28	A 054		
A 054 SS=D	59A-36.008(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 [illegible] 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 [illegible], 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 ensure that Medication Administration Records (MAR) were updated for two out 41 sampled residents (Residents #36 and #39).	A 054		

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A 054	Continued From page 29 Findings included: A review of Resident #4's MAR showed an order for [redacted] 10 mg tablet to be given one tablet by [redacted] every morning at 9 AM. The MAR did not have any staff initials on [redacted] showing that the medication was given. The [redacted] of the MAR did not have any explanation. A review of Resident #4's health assessment completed on [redacted] showed that she needed assistance with self-administration of medication. On [redacted] at 5:45 AM, observed Licensed Practical Nurse (LPN) A start medication administration with Resident #4. A review of Resident #29's MAR showed that there was an order for [redacted] 20 mg, one tablet by [redacted] daily at 9 PM. The medication showed as held from [redacted] to [redacted], on [redacted] and on [redacted]. There was no documentation related to the reasons for holding the medication. The facility's staff did not initial the medication on [redacted] and [redacted]. On [redacted] at 6:12 AM, observed LPN A start medication administration with Resident #29. A review of Resident #31's MAR showed that the residents had orders for [redacted] 100 mg tab, MAPAP [redacted] ER 650 mg tablet, [redacted] 150 mg tablet and for D3 2,000 units soft gel. There was no documentation in the MAR about the reasons for missing entries for the [redacted] on [redacted], MAPAP [redacted] on multiple days, [redacted] on the AM dose of [redacted] and [redacted] D3 on [redacted].	A 054		

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A 054	Continued From page 30 A review of Resident #36's MAR showed that the , - , 25-100 tablet, prescribed two tablets by . . . four times daily, was not initialed on for 7 PM dose. The MAR did not show any explanation about the medication, however the tablets were missing from the medication . . . card. A review of Resident #40's MAR showed that there was an order for , 10 mg tablet to be given one tablet by . . . once daily, an order for Daily Vite tablet- take one tablet by once daily, an order for . . , ... DR 20 mg capsule- take one capsule by every morning and an order for Polyethylene . , . . . 3350 powder- take one 17 gm by every morning. The MAR showed that the schedule time for , was at 9 AM while for Daily Vite, . . , ... and Polyethylene . , . was at 8 AM. The MAR did not have any staff initials on . . . . . showing that the medications were given. A review of Resident #39's MAR showed that he did not receive the medication . . . . , . . . 25 mcg, prescribed for 6:30 AM, before breakfast for the previous two 2 days. On . . . . . at 8:10 AM, observed LPN B administer medications on the third floor. He stated, "I do not know what happened yesterday with the medication; today, we had an emergency. When we have an emergency, if there is no one, we cannot give the medications." Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 31 (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 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 59A-36.006, 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;	A 055		

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A 055	Continued From page 32 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 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	A 055		

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A 055	Continued From page 33 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 record review, the facility failed to keep medications secured at all time. Findings included: On [redacted] at 5:37 AM, observed a bottle of [redacted] cream 12 % on the kitchen counter top in Resident #36's unit. The bottle had a label showing Resident #36's name and instructions to apply to the affected area twice a day. On [redacted] at 6:12 AM, observed a bottle of [redacted] and a bottle of 'Blink' Tears [redacted], on the counter in Resident #29's room. On [redacted] at 7:25 AM, observed a medication cart on the third floor. The medication cart was open; it had medications inside. There was a sealed package with a syringe with a needle attached at the top of the medication cart. On [redacted] at 7:26 AM, observed LPN B receive the sealed package with a syringe with a needle attached that was at the top of the medication cart while he was in [redacted]. On [redacted] at 7:27 AM, LPN B and Staff J left the room, leaving Resident #38.	A 055		

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A 055	Continued From page 34 On at 7:28 AM, Resident #38 sat in a chair next to the window. There was one box of , on the window pane. There was one tube of and cream on the resident's bedside table. Review of Resident #38's record showed that there was a health assessment inside dated and it showed that the resident needed assistance with self-administration of medication and administration of medication. Review of facility's policies and procedures for medication administration showed that the medication carts were kept locked and secured. Class III	A 055		
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	A 056		

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A 056	Continued From page 35 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 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	A 056		

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A 056	Continued From page 36 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. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure follow the doctor's orders when administering medications for two out of 41 sampled residents (Residents #37 and #31). Findings included: On ..... at 5:50 AM, observed as Licensed Practical Nurse (LPN) A took medication out of the medication cart for Resident #37. The medication was 50 mg tablets with	A 056		

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A 056	Continued From page 37 instructions of taking one tablet by . . three times daily as needed for , , take them at 6 AM, 2 PM and 10 PM. On . . . . . at 5:50 AM, LPN A stated that the medication for Resident #37 was 'as needed', but the nurse gave the medication as routine because, she stated, if not, the resident complained. At 5:52 AM, LPN A started giving the medication to Resident #37 Review of Resident #37's Medication Administration Records (MAR) showed that the medication given was 50 mg tablet one tablet by . . . . three times daily as needed (to take at 6 AM, 2 PM, and 10 PM. The medication was initialed by facility's staff from to at 6 AM, 2 PM and 10 PM and on . . . . . at 6 AM. There was no documentation about the doctor being contacted regarding the resident's continuous need of the medication. On at 6:19 AM, observed LPN A start the med pass with Resident #31. The nurse gave him 50 mg tablet. The medication . . . . . card had instructions to take one tablet by . . . . three times daily (to take at 8 AM, 5 PM, and 1 AM). The medication was not requested by the resident. On at 6:20 AM, LPN A stated that resident was in continuous , . . and the resident complained if the nurse did not give the medication. Review of Resident #31's MAR showed that there was no documentation about the resident's , complaints.	A 056		

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A 056	Continued From page 38 Class III	A 056		
A 078 SS=J	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or	A 078		

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A 078	Continued From page 39 certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed their duties to train the staff on emergency protocols resulted to one out of 83 residents (Resident #1) while gasping for air for 42 minutes. The facility failed to respond to emergency calls in a timely manner. The facility also failed to assure that staff were consistent with their assigned duties to the level of education, training, preparation, experience, and qualifications in emergency situations.	A 078		

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A 078	Continued From page 40 Findings included: Observation on showed that fire rescue personnel pronounced Resident #1 in the facility at 07:08 AM. Observation and staff interview also revealed that it took the staff 42 minutes before calling emergency services. Observation on at 6:30 AM revealed calls were coming in License Practitioner Nurse A (LPN A)'s radio for an emergency on # . The calls were repeated on multiple occasions, but LPN A continued working with Resident #16. LPN A on left # at 6:30 AM and went to # . On at 06:31 AM, Staff D stated that the room calling for emergency assistance was 1218. Observation on at 06:31 AM revealed Staff C was in # (Unit 1218). The staff was in the bedroom, and Resident #1 was in bed, awake. Resident #1 stated that she was not able to breath, she needed air. Observed Staff C holding Resident #'s her left . The resident remained awake and alert, but continued complaining about not being able to breath. Staff C was prompted by inspectors to contact the nurse and emergency services, but she was not observed doing so. Observation on at 6:36 AM showed LPN A arrived in Resident #1's bedroom. She asked the resident what happened and how she felt. She showed her to Resident #1 and asked the resident how many she was able to see. LPN A stated that she did not know if Resident #1 had problems. Staff C	A 078		

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A 078	Continued From page 41 also stated that she did not know about any problems or history of problems the resident had. LPN A left the room and returned with an concentrator machine. The nurse turned on the machine and opened the sealed bag for a rebreather mask. The mask on the floor, the nurse connected it to the machine and placed it on the resident. The flow was of 1.5 LPM. The nurse left the room and returned with a simple mask; she disconnected the tubing and connected the simple mask. The continued at 1.5 LPM. Review of Resident #1's health assessment revealed that the resident did not have an order from the physician for . Observation on at 6:46 AM showed that the nurse checked the vital signs with a monitor, and Resident #1's was and the . At 6:47 AM, the nurse went out of the room and returned with the resident resident's file. The nurse called 911 (Emergency Medical Services). Also observed that Resident #1's file on the nurse did not have the health assessment. The nurse read through some discharge papers from in the resident's record. While on the phone with 911, the nurse increased the to 4 LPM, and the resident's monitor read 49. At 6:56 AM, the resident's monitor read 38. At 6:59 AM, the nurse checked the vital signs with a monitor, Resident #1's was , and the . Observation on at 07:00 AM showed the Miami Dade rescue crew arrived in resident's room. The rescue personnel stated that the resident had Rhonchi breath sounds (continuous	A 078		

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A 078	Continued From page 42 and low-pitched breath sounds like snoring caused by lots of and obstruction of air way), her , was and her level was 204. At 07:01 AM, Staff B came at the door of the resident's bedroom and turned . Observation on at 07:01 AM showed 4 facility's staff stood at Resident #1's bedroom door. They were identified as LPN C, LPN D, Staff J, and Staff K. At 07:02 AM One of the Miami Date Rescue Crew members searched the file for Resident #1's health assessment, but he did not find it. At 07:04 AM, observed the Rescue Crew member searched again for Resident #1's health assessment/medical history in the resident's file but still could not find it. At 7:05 AM, a Miami Dade Rescue Crew member was observed beginning to place a thru the resident's to open the airway, and they were informed by the other crew member that the resident had a ( ). LPN A handled one of the rescue crew members the yellow form for the resident. The rescue team stopped the process. On at 7:07 AM, the monitor showed a flat line and made a beeping sound indicating the absence of a heartbeat. At 07:07 AM, Miami Dade Rescue personnel ceased efforts to care for the resident. At 07:08 AM, Miami Dade Rescue Crew pronounced Resident #1 . Observation on at 06:20 AM showed that the facility had the Health Assessments locked in the ALF manager's office. On at 07:57 AM, Staff C stated that she responded to a call initiated by the resident pressing the pendant around her at 06:05 AM. The resident was screaming for help when Staff C she arrived in the room. Staff C	A 078		

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A 078	Continued From page 43 immediately called the staff nurse. While waiting for the staff nurse, she held the resident's and tried to comfort her. On [redacted] at 07:55 AM, LPN A stated that if there was an emergency, the staff had to wait for her. She further stated that no matter how many emergency calls there were, she would be the one to make the decision to call 911. LPN A further stated, "It's a lot, but it is my job. I manage to do it. It's not like that all the time. I responded to emergency call lights before, but never something like this. I work all 3 floors and the memory unit during my shift. I pass medications on all of them until the morning shift arrived. If I'm here, I'm the one who supposed to call 911. That's what I was told." On [redacted] at 3:01 AM, Staff I stated that if there was an emergency, he would call the nurse. He was asked to call the nurse if there was an emergency. On [redacted] at 3:03 AM, LPN A stated that if there was an emergency, she would check the vital signs and provide [redacted]. She would also elevate the [redacted] of the bed. She would monitor the resident for 15 minutes and call 911 if there was no improvement. She would never leave the resident alone; the resident would stay with the CNA (Certified Nursing Assistant). If a resident had [redacted], she would call 911. On [redacted] at 3:08 AM, Staff H stated that she worked the 11 pm -7 am shift three days a week. She stated she checked on the residents every two to three hours, and that she did not give medications. She further stated that every time that there was an emergency, she called the nurse.	A 078		

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A 078	Continued From page 44 On at 06:35 AM Staff B stated, "If there is an emergency, one nurse is on the first floor, a second nurse is on the second floor. The CNA would call the nurse. The nurse would have to come to assist the resident. If an emergency, the staff needs to call 911 after being directed by the nurse. If the staff finds a resident unresponsive on the floor, they should call the nurse. Then if the nurse is busy, they should go and get the resident's chart before they start ." Observation on showed the facility did not provide documentation of its emergency protocol or emergency procedures. On at 6:02 AM, Staff G stated that she never found anyone unresponsive but found someone on the floor. She stated that she called the nurse. She said that the staff had to wait for the nurse, that was the procedure. She felt that there was not enough help. She stated "There used to be 2 staff on each floor until a month or two ago. Administration said they had to reduce staffing because the nurse to patient ration fluctuates." Observation on showed the facility could not provide the facility's emergency protocol or emergency procedures. On at 05:22 PM, the facility sent the facility's Medical Emergencies protocol to the Field Office. Review of the facility's protocol also called Medical emergencies revealed, "A license nurse when available will always be the Primary Responder. A staff member with first aid and	A 078		

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A 078	Continued From page 45 . training will be the responder to the emergency, if nurse is unavailable. In all emergencies security shall be notified. An evaluation of the resident will be completed by the Responder. In the event of two . . . . . emergency calls, another licensed nurse or staff member trained with first aid training and . will respond to the second emergency. 911 will immediately be called to handle one of the emergencies. Emergencies while on activities off-campus will require calling 911. When the Responder returns from the event, he or she will document the event. Resident emergency contacts will be notified of event. Resident's physician will be contacted and notified of event." Class I	A 078		
A 079 SS=G	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 86-95 539 For every 20 total combined residents, day care	A 079		

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A 079	Continued From page 46 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 , , ( ) 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 when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be	A 079		

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A 079	Continued From page 47 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. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The	A 079		

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A 079	Continued From page 48 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 meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health,	A 079		

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A 079	Continued From page 49 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 interview, observation and record review, the facility failed to have enough qualified staff to provide resident supervision, and to provide or arrange for residents' scheduled and unscheduled service needs, notwithstanding the minimum staffing requirements. Findings included: On at 2:30 AM, Staff D was observed at the facility's entrance door (lobby). She walked from the memory unit to the three floors building. The staff stated that there were 6 staff on the facility. A review of a facility-provided a log that showed residents that or had adverse incidents between and showed 29 , with least 14 residents being injured. On at 2:34 AM, Staff H stated that there were two staff on duty in the Memory Care Unit including herself and that there was a census of 24 residents. A review of resident and facility records showed that 20 residents needed and assistance with Activities of Daily Living (ADL) and 14 of those residents were in the Memory Care Unit. There were 13 residents who were on the facility's first floor, eight on the second floor and four on the third floor. The	A 079		

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A 079	Continued From page 50 number of residents that needed assistance with Activities of Daily Living (ADL) was unknown while there were 18 residents who needed assistance with the ADL on the second floor and nine residents on the third floor. On [redacted] at 2:35 AM, observed Resident #6 resting in bed with a private aide sitting on a chair next to the resident with her [redacted] closed. On [redacted] at 2:37 AM, Staff E was observed on the second floor and stated she was on duty alone. Staff E stated that the floor had a capacity of 30 residents, but she believed that there were around 25 present currently, since some had gone with family for the holidays. LPN A was somewhere, on duty, serving all 3 floors. The resident in unit 2212 needed assistance with ambulation. The staff stated that the the staff were required to press the button in the residents' bathroom identified by a check mark symbol when conducted the rounds to the rooms. The the signal resulting from the button being pressed went to the guard station at the gate, and that supervisors reviewed a printout. She added, "I sit by unit 2203 because I have someone I have to watch. If I stay by the nurse's station, I can't see when they get up and leave their room. 2209 [redacted] at night. Also 2210 when she's here." The staff further stated that she wished she had more staffing at night but she knew that it would not happen. Staff E stated that when she started the shift and there was only one person on shift, the staff had to look with a pen light into the room to make sure that the residents were in the room. She said this was because Staff did not always conduct shift change so she was always sure what was going on, and she didn't want to find out later that a resident was missing.	A 079		

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A 079	Continued From page 51 On . . . . . at 2:38 AM, Staff H attempted to open the door of Resident #15's room. The staff pushed the door and something stopped it. Staff H stated that the private aide put something behind the door and blocked it. Once the door was opened, observed a wheelchair and an arm chair behind the door. On . . . . . at 2:38 AM, Resident #15's private aide stated that she put the wheelchair and arm chair behind the door to blocking the resident from going outside of the room. She further stated that here were some nights that the resident was some kind of and was constantly trying to go in and out the room. On at 2:48 AM, observed Resident #17 resting in bed with half bed rail up and there was a chair against the bed, forming a continuous/full bed rail. The chair blocked the resident from exiting bed. There was bed sheet on the floor and a woman was asleep on it. On at 2:48 AM, Staff H stated that the woman lying on the floor of Resident #17's room, was the resident's private aide. On at 2:45 AM, Staff G stated that she worked the 11 PM to 7 AM shift. She stated that she had 26 residents on the third floor, and that staff had a beeper that let them know when the residents called, and from which room. On . . . . . at around 2:45 AM, LPN A stated she was the only nurse for the 3 floors. On at 3:00 AM, Staff D stated that Resident #13 approximately two weeks previous and broke his , . On at 3:11 AM, Staff D stated Resident	A 079		

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A	Continued From page 52	A 079		

#10 went to the hospital because he and was still at the hospital. She also stated, "I heard that he told the hospital that they were abusing him here."

On at 3:15 AM, Resident #12's room was observed to have a foul odor resembling . On at 3:15 AM, Staff D stated, "She is always like this; we change her and then, she takes the brief off and urinates all over the apartment. We bring a cleaning crew for the carpet and the sofa and the next day is to the same way."

On at 3:28 AM, Staff D stated that Resident #11 the previous week while added, "I found her at 12:30 AM in the bedroom; she was on the floor and had the walker next to her."

On at 3:00 AM, the second floor was called and Staff D stated, "Someone is calling from a room on the second floor; someone should be there. I do not answer to that call because I am on the 3rd floor only." The staff added at 3:05 AM, "They told us that the ratio is low; we used to have 2 staff for floor, now is only one plus the nurse for the 3 floors. On the first floor they have 2 because they say that more people need assistance."

On at 7:30 AM, LPN C stated, "I give medications by times; I am finishing with the 6:30's and 7 AM medications and I need to help on the second floor; we are missing a nurse; usually we are 3 nurses; LPN B is on the third floor."

Review of facility's staffing schedule for the month of showed that there was one duty one nurse five days of the month and

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A 079	Continued From page 53	A 079		

two nurses on 13 days of the month during the 6:45 AM to 3:15 PM shift. There was one duty one nurse six days of the month and two nurses on eight days of the month during the 2:45 PM to 11:15 PM shift. There were no nurses on duty for 12 days of the month during the 10:45 PM to 7:15 AM shift. The facility had one caregiver on duty one day of the month, two caregivers on six days and three caregivers on three days on the 2:45 PM to 11:15 PM shift. During the 10:45 PM to 7:15 AM shift there were two caregivers seven days of the months and three caregivers on nine days of the month.

Review of Resident #2's hospital and ambulance record showed that he went to a local hospital after suffering for two to three hours with , on .

On at 10:24 AM, Resident #2's son confirmed that his father went to the hospital on because he had , . His father called for help by pressing the pendant on his , and no staff responded. The resident's son stated that he received a call that day around 03:00 AM from his father for assistance. He drove from his residence to the facility and called 911 before the staff responded. He estimated the time at 47 minutes from his father call to when he saw a facility's staff. Resident #2's son also stated that this was not the first time because it usually took the staff over 15 minutes to respond to an emergency call. The paramedics transported his father to a local hospital where he was admitted and treated for .

On at 5:38 AM, Staff J stated, "If there were two people, I'd feel much more comfortable. I can't handle more than one emergency at a time."

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A 079	Continued From page 54 Review of Resident #4's record showed that there was one health assessment completed on indicating she needed and safety precautions. The resident also needed assistance with ambulation, , bathing, toileting and transferring. Review of Resident #6's record showed that there was one health assessment completed on indicating medical history and diagnoses including left 10, 11 and 12 , type 2, , left frontal and periorbital , OBS (Organic) with , , , and ASCVD (Atherosclerotic). The resident, who had decreased memory and unsteady gait, needed precautions and assistance with all activities of daily living. Review of the adverse incident report regarding Resident #6 showed that she was non-ambulatory and required a wheelchair for movement. Resident #6 attempted to get up off the toilet on and to the floor. Resident #9 was found on the floor of the kitchen on lying on her right side and the resident explained that she slipped and . Class II	A 079		
A 160 SS=D	59A-36.015(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	A 160		

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A 160	Continued From page 55 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 59A-36.018, 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 described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of	A 160		

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A 160	Continued From page 56 the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, 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 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, 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. (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,	A 160		

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A 160	Continued From page 57 extended congregate care, or limited nursing services, records required as stated 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 keep an up-to-date admission and discharge log. Findings included: On at approximately 2:58 AM, Staff I stated that Resident #23 used to live in but the resident . A review of the admission and discharge showed that Resident # 23's admission date to the facility was on . There was no documentation of the date of discharge, reason for discharge or identification of the facility or the home address to which the resident was discharged. A review of the admission and discharge log completed on at 4:58 AM, showed that Resident # 19's discharge date was because the resident moved out with family. The discharge place showed "home with family", but the address was not recorded. A review of a facility provided log showed residents that or had any incident between and . The log included Resident #24, who was found on the floor of on . On at approximately 7:15 AM, Staff B stated that the facility did not have the records for Residents #19 and #24 because they . A review of the admission and discharge log	A 160		

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A 160	Continued From page 58 showed that the log did not include Resident # 24. Class III	A 160		
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. . . , 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 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	A 162		

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A 162	Continued From page 59 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] 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 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 [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ([illegible]), CF-ES 1006, [illegible], 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	A 162		

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A 162	Continued From page 60 documentation from the Department of Children and Families. (m) Documentation of the [illegible] 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 [illegible], 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 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.	A 162		

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A 162	Continued From page 61 (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 have an accurate and complete health assessment for three out of 41 sampled residents (Residents #12, #30 and #38). The facility also failed to have an accurate resident demographic form for three out of 41 sampled residents (Residents #1, #2, and #17). Findings included: A review of Resident #30's health assessment showed that the facility failed to complete the medical history and diagnoses section. A review of Resident #1's Demographic Sheet also called 'Health and Emergency/ . . Transport Information' had space for the name of the health care surrogate and to identify if the resident had a living will form and a . . . . . (. .) form. A review of Resident #38's health assessment dated showed no indication of whether the resident needed help taking the medications. The document showed that she was independent but needed supervision and assistance with bathing and transferring. A review of the demographic Sheet (also called 'Health and Emergency/ . . . Transport Information') did not identify that Residents #1, #2 or Resident #17 had a . . (. . . . .).	A 162		

Agency for Health Care Administration

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A 162	Continued From page 62 A review of Resident #1's file showed that Resident #1 had a signed on . Resident #1 had a living will dated . A review of Resident #2's file showed that the resident had a signed on . A review of Resident #17's file showed that the resident had a signed on . On at 03:20 PM, the Administrator was advised of the deficiencies. Class III	A 162		