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
	AL11953368	A. BUILDING: _____ B. WING _____	01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NAPLES GREEN VILLAGE	101 CYPRESS WAY EAST NAPLES, FL 34110

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

AHCA Form 3020-0001

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

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A 161	Continued From page 1 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two (Staff C and E) of five had applications with references and Staff E had a job description in their personnel files. The findings included: A review of Staff C and E's personnel files showed they were hired on [redacted] and [redacted] respectively. There were no applications and references in their personnel files. Further review of Staff E's personnel file showed there was no job description. On [redacted] at 2:15 p.m., the business office director reviewed these two personnel files and confirmed this information was missing from both files. Class III	A 161		
A 000	Initial Comments	A 000		

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A 000	Continued From page 2 An unannounced relicensure, extended congregate care, and emergency power plan monitoring survey was conducted from through at Naples Green Village, an assisted living facility in Naples, Florida. The following is description of the deficiencies.	A 000		
A 010	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	A 010		

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A 010	Continued From page 3 interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 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 -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 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 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,	A 010		

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A 010	Continued From page 4 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (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	A 010		

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A 010	Continued From page 5 described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the continued appropriateness of residence of an individual in the facility. Based on the needs of the resident; care and services offered by the facility they failed to have a to medical exam by a health care provider after a significant change for 1 (Resident #10) of 2 residents observed receiving assistance with medications. The findings included: On at 9:08 a.m., Medication Technician (med tech) Staff G was observed assisting Resident #10 with medications. Resident #10 had an order for , (a medication for ,) oral syringe 5 milligram (mg)/.25 milliliter (ml) take 0.25 mL (5mg) by twice a day. Staff G was observed to pull up a dose of , in a syringe. At 9:10 a.m. Staff G said "she can't do anything, so I have to give it to her." Staff G then squirted the , in Resident #10's with no help from Resident #10. Staff G then crushed the pills the resident had ordered for that time and mixed them with applesauce. On at 9:13 a.m., the health and wellness director (HWD) entered the wellness center and said to the med tech, "I have to do her because she can't do it herself." The med tech replied, "She can't do it so I have to help her. I told her (this surveyor) that already." The med tech then proceeded to feed the medications in applesauce to Resident #10 with no assist from Resident #10. Staff G did not tell Resident #10 what the medications were.	A 010		

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A 010	Continued From page 6 Record review of Resident #10's chart revealed a Health Assessment Form 1823 (1823) dated , which indicated she needed assistance with self administration of medications. On at 11:00 a.m., the HWD said Resident #10 has needed medication administration for a few months. The HWD said she was aware medication administration requires a licensed nurse and that normally there was a nurse during the day that gives Resident #10 her medications. The HWD said Resident #10 should have an updated 1823 as this was a significant change. A review of Resident #10's Medication Observation Record for the month of , , revealed Resident #10 had a nurse give her 8:00 a.m. medications 3 out of 30 days. The other 27 days the medications had been given by a medication technician. In an interview on at 12:15 p.m., the administrator said the facility does not have 24 hour licensed nursing staff. Class III	A 010		
A 025	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	A 025		

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A 025	Continued From page 7 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 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:	A 025		

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A 025	Continued From page 8 Based on interview and record review, the facility failed to provide one (Resident #6) of ten residents with care and services to meet her needs for her meals. The findings included: On at 11:00 a.m., Resident #6 said she was having a difficult time eating her food because she is . She eats all her meals in her room. She has asked the staff to tell her what she is eating and where the food is located on her plate. The staff does not do this for her. She also unintentionally mixes her food together. She would like to have a divided plate to keep her food separated but no one has offered this to her. A review of her record showed there was no documentation of a divided plate or to instruct staff to help her locate her food on her plate. On at 3:00 p.m. the administrator said staff are suppose to tell Resident #6 what she is eating and where the food is located on her plate. Class III	A 025		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the	A 052		

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A 052	Continued From page 9 label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . . . . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a . . . . . , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a . . . . . to perform . . . . . level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an . . but not with titrating the prescribed . . . . settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with , bags. (4) Assistance with self-administration does not include: (a) Mixing, , , converting, or . . . . . medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the	A 052		

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A 052	Continued From page 10 administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section	A 052		

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A 052	Continued From page 11 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.	A 052		

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A 052	Continued From page 12 (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure unlicensed persons providing assistance with self-administration of medications follow appropriate procedures for 2 (Resident #10 and #11) of 2 residents being assisted with self-administration of medications. The findings included: On at 9:08 a.m., Medication Technician (med tech) Staff G was observed assisting Resident #10 with medications. Resident #10 had an order for , (a medication for ,) oral syringe 5 milligrams (mg)/.25 milliliter (ml) take 0.25 mL (5mg) by twice a day. Staff G was observed to pull up a dose of , in a syringe. Staff G pulled up an amount of , between the 0.25 and 0.50 mark on syringe. When Staff G was asked she said she did not realize that was more medicine than was prescribed. The dose was corrected. At 9:10	A 052		

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A 052	Continued From page 13 a.m. Staff G said "she can't do anything, so I have to give it to her." Staff G then squirted the [redacted] in Resident #10's [redacted] with no help from Resident #10. Staff G then crushed the pills the resident had ordered for that time and mixed them with applesauce. At 9:13 a.m., the health and wellness director (HWD) entered the wellness center and said to the med tech, "I have to do her because she can't do it herself." The med tech replied, "She can't do it so I have to help her. I told her (this surveyor) that already." The med tech then proceeded to feed the medications in applesauce to Resident #10 with no assist from Resident #10. Resident #10 also had an order for polyethylene glyco powder, (a [redacted]) dissolve 8.5 grams (capful) in 8 ounces of water and take by [redacted] once daily. Staff G poured the powder in a medication cup to the 5 cubic centimeter (cc) line, then poured this in a plastic cup which was full of water and stirred it. She then poured this into Resident #10's [redacted] with no assistance from the resident. When completed I asked her to pour the powder into the cap half full. She then measured this amount in the medication cup and [redacted] capful equaled the 15 cc line. Staff G agreed she hadn't given the correct amount. At no time did Staff G tell Resident #10 what the medications were. Staff G said she frequently gives Resident #10 medications when she worked as a med tech. On [redacted] at 8:53 a.m., Staff G was observed assisting Resident #11 with medications. Staff G placed all of Resident #11's medications in a medication cup and mixed them with applesauce. She then fed them to Resident #11 with a spoon and no assistance from Resident #11. She did	A 052		

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	AL11953368	A. BUILDING: _____ B. WING _____	01/30/2020

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A 052	Continued From page 14 not tell Resident #11 what the medications were, she just said "open for me please." Resident #11's orders included [redacted] 25 mg tablet, take [redacted] tablet (12.5 mg) by [redacted] under [redacted] 3 times a day for agitation. Staff G did not instruct Resident #11 to place this medication under his [redacted] when giving him his medications. She had mixed it in with the other pills in applesauce and fed it to Resident #11. On [redacted] at 11:00 a.m., the HWD said Resident #10 has needed medication administration for a few months. The HWD said she was aware medication administration requires a licensed nurse and that normally there was a nurse during the day that gives Resident #11 her medications. A review of Resident #10's Medication Observation Record for the month of [redacted], revealed Resident #10 had a nurse give her 8:00 a.m. medications 3 out of 30 days. The other 27 days the medications had been given by a medication technician. The HWD agreed a medication technician should not be pulling [redacted] up in a syringe and there was great potential for overdosing. The HWD said she would have to get the order changed. The director of clinical operations was also present at this time and said it should be a prefilled syringe. Regarding Resident #11, the HWD said he has the ability to take his medications himself. She also said she would get the order for the [redacted] medication changed. On [redacted] at 11:25 a.m., the HWD said they had pulled Staff G off the medication cart and they will be doing some retraining with her. Class III	A 052		

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A 053	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 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 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,	A 053		

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A 053	Continued From page 16 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 only licensed staff members are administering medications for 2 (Resident #10 and #11) of 2 medication observations made. The findings included: On . . . . . at 9:08 a.m., Medication Technician (med tech) Staff G was observed assisting Resident #10 with medications. Resident #10 had an order for . . (a medication for . .) oral syringe 5 milligrams (mg)/.25 milliliter (ml) take 0.25 mL (5mg) by twice a day. Staff G was observed to pull up a dose of . . in a syringe. At 9:10 a.m. Staff G said "she can't do anything, so I have to give it to her." Staff G then squirted the . . in Resident #10's . . with no help from Resident #10. Staff G then crushed the pills the resident had ordered for that time and mixed them with applesauce. At 9:13 a.m., the health and wellness director (HWD) entered the wellness center and said to the med tech, "I have to do her because she can't do it herself." The med tech replied, "She can't do it so I have to help her. I told her (this surveyor) that already." The med tech then proceeded to feed the medications in applesauce to Resident #10 with no assist from Resident #10. Staff G did not tell Resident #10 what the medications were. On at 8:53 a.m., Staff G was observed assisting Resident #11 with medications. Staff G placed all of Resident #11's medications in a medication cup and mixed them with applesauce. She then fed them to Resident #11 with a spoon	A 053		

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A 053	Continued From page 17 and no assistance from Resident #11. She did not tell Resident #11 what the medications were, she just said "open for me please." Record review of Staff G's employee file revealed no documentation that she was licensed to administer medications. On . . . . . at 11:00 a.m., the HWD said Resident #11 has the ability to take his medications himself and the medication technician shouldn't be spoon feeding him his medications. The HWD said Resident #10 has needed medication administration for a few months. The HWD said she was aware a medication administration requires a licensed nurse and that normally there was a nurse during the day that gives Resident #11 her medications. A review of Resident #10's Medication Observation Record for the month of , revealed Resident #10 had a nurse give her 8:00 a.m. medications 3 out of 30 days. The other 27 days the medications had been given by a medication technician. Class III	A 053		
A 056	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	A 056		

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A 056	Continued From page 18 recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the 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	A 056		

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A 056	Continued From page 19 observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure residents who have medication orders on an as needed basis (PRN) have the mental capacity to make such a request and would preclude independent judgement on the	A 056		

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A 056	Continued From page 20 part of an unlicensed person assisting with self-administration of medications for 2 (Residents #10 and #11) of 2 medication observations made. The findings included: Record review of Resident #10's medication orders reveal [redacted] ordered every 4 hours as needed for [redacted] and [redacted] ordered every 4 hours as needed for [redacted]. Resident #10's health assessment form 1823 (1823) revealed a diagnosis of [redacted] and indicated she was alert with [redacted]. Record review of Resident #11's medication orders reveal [redacted] ordered every 6 hours as needed for [redacted] and [redacted] as needed every 4 hours as needed for [redacted] or [redacted]. Resident #11's 1823 revealed a diagnosis of [redacted] and indicated he was alert with [redacted]. On [redacted] at 12:15 p.m. in an interview, the Administrator said both Resident #10 and #11 have been deemed [redacted]. She also said the facility does not have 24 hour licensed nursing staff. On [redacted] at 12:35 p.m., the health and wellness director (HWD) agreed Resident #10 and #11 would not have the capacity to request the medications. The HWD said the medication technicians (med techs) did not have access to PRN medication screens and would have to call a licensed nurse or hospice. The director of clinical operations was also present in the interview and reiterated the med techs would not have access to the PRN	A 056		

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A 056	Continued From page 21 orders/screen. At that time, the director of clinical operations went to the wellness center where Staff A (med tech) was signed into the system. The PRN medication orders for both Resident #10 and #11 were able to be accessed with Staff A's sign on. Class III	A 056		
A 078	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	A 078		

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A 078	Continued From page 22 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 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 record review and interview, the facility failed to ensure one (Staff E) of three staff, had an updated ( ) test.	A 078		

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A 078	Continued From page 23 The findings included: A review of Staff E's personnel file showed he was hired on . . A review of his last . test in his file is dated . On at 2:15 p.m., the business office director asked Staff E to bring in an updated . test for his personnel file. Class III	A 078		
A 081	59A-36.011( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents,	A 081		

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A 081	Continued From page 24 other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily	A 081		

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A 081	Continued From page 25 living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three (Staff C, D and F) of four staff who require training in Activities of Daily Living (ADL) and Behavioral Needs, had the required three hour training. The findings included: A review of Staff C, D and F's personnel records showed they were hired on , , , respectively. These three staff are care partners who provide assistance with ADLs for residents. A review of their certificates showed they had two hours of this training instead of the required three hour training. On at 2:15 p.m. the business office director reviewed these certificates and confirmed it showed two hours of training. Class III	A 081		

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A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label;	A 084		

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A 084	Continued From page 27 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or	A 084		

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A 084	Continued From page 28 manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure unlicensed persons who provide assistance with self administration of medications	A 084		

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A 084	Continued From page 29 meet the training requirements including, obtaining annually a minimum of 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices for 1 (Staff G) of 3 medication technicians (med techs) reviewed for training. The findings included: On . . . . . Med Tech Staff G was observed assisting residents with self-administration of medications. A review of Staff G's file showed she completed the initial 6 hours of training on . . . . . and a 2 hour update on . . . . . No further updates were in the file. On at 1:03 p.m., in an interview the business office manager said that was Staff G's most recent med tech update. Class III	A 084		

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A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c),	A 161		

AHCA Form 3020-0001

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

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A 161	Continued From page 1 F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity [redacted] to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two (Staff C and E) of five had applications with references and Staff E had a job description in their personnel files. The findings included: A review of Staff C and E's personnel files showed they were hired on [redacted] and [redacted] respectively. There were no applications and references in their personnel files. Further review of Staff E's personnel file showed there was no job description. On [redacted] at 2:15 p.m., the business office director reviewed these two personnel files and confirmed this information was missing from both files. Class III	A 161		
A 000	Initial Comments	A 000		

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A 000	Continued From page 2 An unannounced relicensure, extended congregate care, and emergency power plan monitoring survey was conducted from through at Naples Green Village, an assisted living facility in Naples, Florida. The following is description of the deficiencies.	A 000		
A 010	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	A 010		

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A 010	Continued From page 3 interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 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 -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 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 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,	A 010		

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A 010	Continued From page 4 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (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	A 010		

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A 010	Continued From page 5 described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the continued appropriateness of residence of an individual in the facility. Based on the needs of the resident; care and services offered by the facility they failed to have a to medical exam by a health care provider after a significant change for 1 (Resident #10) of 2 residents observed receiving assistance with medications. The findings included: On at 9:08 a.m., Medication Technician (med tech) Staff G was observed assisting Resident #10 with medications. Resident #10 had an order for , (a medication for ,) oral syringe 5 milligram (mg)/.25 milliliter (ml) take 0.25 mL (5mg) by twice a day. Staff G was observed to pull up a dose of , in a syringe. At 9:10 a.m. Staff G said "she can't do anything, so I have to give it to her." Staff G then squirted the , in Resident #10's with no help from Resident #10. Staff G then crushed the pills the resident had ordered for that time and mixed them with applesauce. On at 9:13 a.m., the health and wellness director (HWD) entered the wellness center and said to the med tech, "I have to do her because she can't do it herself." The med tech replied, "She can't do it so I have to help her. I told her (this surveyor) that already." The med tech then proceeded to feed the medications in applesauce to Resident #10 with no assist from Resident #10. Staff G did not tell Resident #10 what the medications were.	A 010		

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A 010	Continued From page 6 Record review of Resident #10's chart revealed a Health Assessment Form 1823 (1823) dated , which indicated she needed assistance with self administration of medications. On at 11:00 a.m., the HWD said Resident #10 has needed medication administration for a few months. The HWD said she was aware medication administration requires a licensed nurse and that normally there was a nurse during the day that gives Resident #10 her medications. The HWD said Resident #10 should have an updated 1823 as this was a significant change. A review of Resident #10's Medication Observation Record for the month of , , revealed Resident #10 had a nurse give her 8:00 a.m. medications 3 out of 30 days. The other 27 days the medications had been given by a medication technician. In an interview on at 12:15 p.m., the administrator said the facility does not have 24 hour licensed nursing staff. Class III	A 010		
A 025	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	A 025		

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A 025	Continued From page 7 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 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:	A 025		

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A 025	Continued From page 8 Based on interview and record review, the facility failed to provide one (Resident #6) of ten residents with care and services to meet her needs for her meals. The findings included: On at 11:00 a.m., Resident #6 said she was having a difficult time eating her food because she is . She eats all her meals in her room. She has asked the staff to tell her what she is eating and where the food is located on her plate. The staff does not do this for her. She also unintentionally mixes her food together. She would like to have a divided plate to keep her food separated but no one has offered this to her. A review of her record showed there was no documentation of a divided plate or to instruct staff to help her locate her food on her plate. On at 3:00 p.m. the administrator said staff are suppose to tell Resident #6 what she is eating and where the food is located on her plate. Class III	A 025		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the	A 052		

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A 052	Continued From page 9 label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . . . . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a . . . . . , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a . . . . . to perform . . . . . level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an . . but not with titrating the prescribed . . . . settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with , bags. (4) Assistance with self-administration does not include: (a) Mixing, , , converting, or . . . . . medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the	A 052		

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A 052	Continued From page 10 administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section	A 052		

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A 052	Continued From page 11 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.	A 052		

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A 052	Continued From page 12 (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure unlicensed persons providing assistance with self-administration of medications follow appropriate procedures for 2 (Resident #10 and #11) of 2 residents being assisted with self-administration of medications. The findings included: On at 9:08 a.m., Medication Technician (med tech) Staff G was observed assisting Resident #10 with medications. Resident #10 had an order for , (a medication for ,) oral syringe 5 milligrams (mg)/.25 milliliter (ml) take 0.25 mL (5mg) by twice a day. Staff G was observed to pull up a dose of , in a syringe. Staff G pulled up an amount of , between the 0.25 and 0.50 mark on syringe. When Staff G was asked she said she did not realize that was more medicine than was prescribed. The dose was corrected. At 9:10	A 052		

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A 052	Continued From page 13 a.m. Staff G said "she can't do anything, so I have to give it to her." Staff G then squirted the [redacted] in Resident #10's [redacted] with no help from Resident #10. Staff G then crushed the pills the resident had ordered for that time and mixed them with applesauce. At 9:13 a.m., the health and wellness director (HWD) entered the wellness center and said to the med tech, "I have to do her because she can't do it herself." The med tech replied, "She can't do it so I have to help her. I told her (this surveyor) that already." The med tech then proceeded to feed the medications in applesauce to Resident #10 with no assist from Resident #10. Resident #10 also had an order for polyethylene glyco powder, (a [redacted]) dissolve 8.5 grams (capful) in 8 ounces of water and take by [redacted] once daily. Staff G poured the powder in a medication cup to the 5 cubic centimeter (cc) line, then poured this in a plastic cup which was full of water and stirred it. She then poured this into Resident #10's [redacted] with no assistance from the resident. When completed I asked her to pour the powder into the cap half full. She then measured this amount in the medication cup and [redacted] capful equaled the 15 cc line. Staff G agreed she hadn't given the correct amount. At no time did Staff G tell Resident #10 what the medications were. Staff G said she frequently gives Resident #10 medications when she worked as a med tech. On [redacted] at 8:53 a.m., Staff G was observed assisting Resident #11 with medications. Staff G placed all of Resident #11's medications in a medication cup and mixed them with applesauce. She then fed them to Resident #11 with a spoon and no assistance from Resident #11. She did	A 052		

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A 052	Continued From page 14 not tell Resident #11 what the medications were, she just said "open for me please." Resident #11's orders included [redacted] 25 mg tablet, take [redacted] tablet (12.5 mg) by [redacted] under [redacted] 3 times a day for agitation. Staff G did not instruct Resident #11 to place this medication under his [redacted] when giving him his medications. She had mixed it in with the other pills in applesauce and fed it to Resident #11. On [redacted] at 11:00 a.m., the HWD said Resident #10 has needed medication administration for a few months. The HWD said she was aware medication administration requires a licensed nurse and that normally there was a nurse during the day that gives Resident #11 her medications. A review of Resident #10's Medication Observation Record for the month of [redacted], revealed Resident #10 had a nurse give her 8:00 a.m. medications 3 out of 30 days. The other 27 days the medications had been given by a medication technician. The HWD agreed a medication technician should not be pulling [redacted] up in a syringe and there was great potential for overdosing. The HWD said she would have to get the order changed. The director of clinical operations was also present at this time and said it should be a prefilled syringe. Regarding Resident #11, the HWD said he has the ability to take his medications himself. She also said she would get the order for the [redacted] medication changed. On [redacted] at 11:25 a.m., the HWD said they had pulled Staff G off the medication cart and they will be doing some retraining with her. Class III	A 052		

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A 053	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 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 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,	A 053		

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A 053	Continued From page 16 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 only licensed staff members are administering medications for 2 (Resident #10 and #11) of 2 medication observations made. The findings included: On . . . . . at 9:08 a.m., Medication Technician (med tech) Staff G was observed assisting Resident #10 with medications. Resident #10 had an order for . . (a medication for . .) oral syringe 5 milligrams (mg)/.25 milliliter (ml) take 0.25 mL (5mg) by twice a day. Staff G was observed to pull up a dose of . . in a syringe. At 9:10 a.m. Staff G said "she can't do anything, so I have to give it to her." Staff G then squirted the . . in Resident #10's . . with no help from Resident #10. Staff G then crushed the pills the resident had ordered for that time and mixed them with applesauce. At 9:13 a.m., the health and wellness director (HWD) entered the wellness center and said to the med tech, "I have to do her because she can't do it herself." The med tech replied, "She can't do it so I have to help her. I told her (this surveyor) that already." The med tech then proceeded to feed the medications in applesauce to Resident #10 with no assist from Resident #10. Staff G did not tell Resident #10 what the medications were. On at 8:53 a.m., Staff G was observed assisting Resident #11 with medications. Staff G placed all of Resident #11's medications in a medication cup and mixed them with applesauce. She then fed them to Resident #11 with a spoon	A 053		

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A 053	Continued From page 17 and no assistance from Resident #11. She did not tell Resident #11 what the medications were, she just said "open for me please." Record review of Staff G's employee file revealed no documentation that she was licensed to administer medications. On . . . . . at 11:00 a.m., the HWD said Resident #11 has the ability to take his medications himself and the medication technician shouldn't be spoon feeding him his medications. The HWD said Resident #10 has needed medication administration for a few months. The HWD said she was aware a medication administration requires a licensed nurse and that normally there was a nurse during the day that gives Resident #11 her medications. A review of Resident #10's Medication Observation Record for the month of , revealed Resident #10 had a nurse give her 8:00 a.m. medications 3 out of 30 days. The other 27 days the medications had been given by a medication technician. Class III	A 053		
A 056	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	A 056		

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A 056	Continued From page 18 recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the 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	A 056		

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A 056	Continued From page 19 observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure residents who have medication orders on an as needed basis (PRN) have the mental capacity to make such a request and would preclude independent judgement on the	A 056		

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A 056	Continued From page 20 part of an unlicensed person assisting with self-administration of medications for 2 (Residents #10 and #11) of 2 medication observations made. The findings included: Record review of Resident #10's medication orders reveal [redacted] ordered every 4 hours as needed for [redacted] and [redacted] ordered every 4 hours as needed for [redacted]. Resident #10's health assessment form 1823 (1823) revealed a diagnosis of [redacted] and indicated she was alert with [redacted]. Record review of Resident #11's medication orders reveal [redacted] ordered every 6 hours as needed for [redacted] and [redacted] as needed every 4 hours as needed for [redacted] or [redacted]. Resident #11's 1823 revealed a diagnosis of [redacted] and indicated he was alert with [redacted]. On [redacted] at 12:15 p.m. in an interview, the Administrator said both Resident #10 and #11 have been deemed [redacted]. She also said the facility does not have 24 hour licensed nursing staff. On [redacted] at 12:35 p.m., the health and wellness director (HWD) agreed Resident #10 and #11 would not have the capacity to request the medications. The HWD said the medication technicians (med techs) did not have access to PRN medication screens and would have to call a licensed nurse or hospice. The director of clinical operations was also present in the interview and reiterated the med techs would not have access to the PRN	A 056		

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A 056	Continued From page 21 orders/screen. At that time, the director of clinical operations went to the wellness center where Staff A (med tech) was signed into the system. The PRN medication orders for both Resident #10 and #11 were able to be accessed with Staff A's sign on. Class III	A 056		
A 078	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	A 078		

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A 078	Continued From page 22 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 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 record review and interview, the facility failed to ensure one (Staff E) of three staff, had an updated ( ) test.	A 078		

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A 078	Continued From page 23 The findings included: A review of Staff E's personnel file showed he was hired on . . A review of his last . test in his file is dated . On at 2:15 p.m., the business office director asked Staff E to bring in an updated . test for his personnel file. Class III	A 078		
A 081	59A-36.011( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents,	A 081		

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	AL11953368	A. BUILDING: _____ B. WING _____	01/30/2020

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NAPLES GREEN VILLAGE	101 CYPRESS WAY EAST NAPLES, FL 34110

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A 081	Continued From page 24 other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily	A 081		

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A 081	Continued From page 25 living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure three (Staff C, D and F) of four staff who require training in Activities of Daily Living (ADL) and Behavioral Needs, had the required three hour training. The findings included: A review of Staff C, D and F's personnel records showed they were hired on , , , respectively. These three staff are care partners who provide assistance with ADLs for residents. A review of their certificates showed they had two hours of this training instead of the required three hour training. On at 2:15 p.m. the business office director reviewed these certificates and confirmed it showed two hours of training. Class III	A 081		

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A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label;	A 084		

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A 084	Continued From page 27 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or	A 084		

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A 084	Continued From page 28 manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure unlicensed persons who provide assistance with self administration of medications	A 084		

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A 084	Continued From page 29 meet the training requirements including, obtaining annually a minimum of 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices for 1 (Staff G) of 3 medication technicians (med techs) reviewed for training. The findings included: On . . . . . Med Tech Staff G was observed assisting residents with self-administration of medications. A review of Staff G's file showed she completed the initial 6 hours of training on . . . . . and a 2 hour update on . . . . . No further updates were in the file. On at 1:03 p.m., in an interview the business office manager said that was Staff G's most recent med tech update. Class III	A 084		