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
	AL11968966	A. BUILDING: _____ B. WING _____	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTRY PARK ORLANDO	3201 CENTER POINT DR ORLANDO, FL 32825

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey was conducted at Gentry Park Orlando Assisted Living Facility on . . . . . Deficiencies were identified at the time of survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at	A 008		

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A 008	Continued From page 1 the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the	A 008		

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A 008	Continued From page 2 facility administrator where the special needs of residents who are recipients of , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be	A 008		

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A 008	Continued From page 3 conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30	A 008		

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A 008	Continued From page 4 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida [redacted] Form, for residents who do not wish [redacted] to be administered in the case of [redacted] or [redacted]. (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility did not obtain a complete and accurate resident health assessment form (AHCA form 1823) for 2 of 4 sampled residents (#12 and #13). Findings:	A 008		

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A 008	Continued From page 5 1. Record review for resident #13 revealed an AHCA form 1823 dated , review of AHCA form 1823 revealed the section for the health care provider's address was left blank. On at 11:45 AM the director of nursing confirmed the findings. 2. Resident #12's record revealed a facility admission date of . His current 1823 health assessment form, dated , did not contain the examiner's address, was not answered as to whether or not he requires assistance with his medications, indicated that he posed a danger to himself or others, indicated that he required 24-hour nursing or , , care, and was not answered as to whether or not he was bedridden. (photographic evidence obtained.) At 1:50 p.m. on the director of nursing confirmed the findings and said the form was completed by the hospital and the answers that made him inappropriate for facility placement were incorrect. Class III	A 008		
A 025 SS=D	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 6 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 7 Based on record review and interview, the facility failed to follow a health care provider's medication orders for 3 of 4 sampled residents (#3, #10 and #13). Findings: 1. Review of the record for resident #3 revealed an admission date of . . . . Review of the health assessment (form 1823) dated revealed the resident required assistance with self-administration of medications and included orders for medications. Review of the MOR on . . . . . for resident #3 for . . . . . and . . . . . , revealed: . . . . / . . . . D 500mg/200mg, take 1 tablet in the morning. Documentation on the paper MOR began on . . . . The doses on the MOR were circled on the dates of . . . . . , ... , 18. 19, 20, 21, 22, 23, 24, 25, 26, 27, 28. 29, 30. On . . . . . , the . . . . . MOR was blank for . . . . . , 2, 4, 6 and 7 for the 8AM dose. The doses on . . . . . and . . . . . were circled. . . . . . , ... 600mg, take 1 tablet three times a day. Documentation on the paper MOR began on . . . . . The MOR had times of 8:00AM, 4:00PM and 11:00PM. The 4:00PM dose was only documented as being given on . . . . . . On the . . . . . , MOR, the 8AM doses for . . . . was blank. No doses at 4PM or 11PM were signed as being given in . . . . . , as of . . . . . In addition, the MOR was signed for the 8AM doses on . . . . . , 14, 16, 18, 19, 2020- all dates in the future. . . . . . 75mg, give 1 tablet every 24 hours at bedtime. Documentation on the paper MOR	A 025		

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A 025	Continued From page 8 began on ... . The dose on ... was circled. It was documented as being given on ... and ... and all doses from 21-31 were blank. The MOR was blank for all doses in ... ., 81mg, 1 tablet once a day at 8AM. Documentation on the paper MOR began on ... . All dates on the ... MOR from /19through were blank. In ..., the MOR was signed on ... and ... . The MOR was blank for , , , and ... . Bio freeze gel 4% every 6 hours. Documentation on the paper MOR began on . The MOR indicated application times of 7:00AM, 5:00PM and 9:00PM- which did not reflect intervals of 6 hours as ordered. The MOR was signed for the gel being applied on at 5PM and 9PM. No other dates in ... were signed for the gel being applied. In , the MOR was signed for the 7AM application on ... and . The MOR was blank for , , ..., ... and ... for the &AM dose. The MOR was blank for all doses at 5PM and 9PM. , 6.8mg.ml 2 times a day. The MOR note times as 8AM and 5PM. The MOR did not indicate how many drops or which ..., ... were to receive the drops. Documentation on the paper MOR began on . The ... dose at 5PM was circled. The medication was documented as being given on ..., ..., ... and ... at 5PM, ... at 5PM. No other 5PM doses were signed as being given. No morning doses were signed as being given. The , MOR indicated to give the medication to both , twice a day. It did not specify how many drops to give. The ,	A 025		

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A 025	Continued From page 9 MOR did not indicate times for the drops to be given. The , MOR was signed one time on each , and . The MOR was blank for , , , , and for all 2nd doses on all dates , , 2020. , 40mg, 1 tablet every morning. Documentation on the paper MOR began on . The medication was signed as being given on , , , and at 8AM. No other doses were documented as being given. On the , MOR, the medication was blank on and . 100mg, give 1 tablet daily. The 8AM dose for was blank. Lumigan solution, 1 drop into each , at bedtime. The MOR was blank for all dates in , . 5mg, take one tablet once a day. The MOR was blank on and . The reverse side of each page of the MORs for or , did not contain any documentation to explain why the doses were circled or not documented, or if the medications were given. (photographic evidence obtained) On at 3:45PM, the Director of Nursing confirmed the findings. She was unable to confirm if the resident was receiving medications as order by her provider. 2. Resident #10 stated in interview on at 10:40 AM that she used to get 12 pills and then dropped to 4 pills. Resident record review for resident # 10 revealed that listed diagnoses of high , type 2, , ,	A 025		

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A 025	Continued From page 10 ( ), and Charcot Marie . Assistance was needed with self-administration of medications. The Medication Observation Record (MOR) listed: The electronic MOR listed 10 mg daily -hold if less than . The medication was marked as given on and and and . The MOR had staff initials circled on to and . All other dates were blank. The notations on the last page of the MOR indicated that 10 mg daily was not available on and . The handwritten MOR listed 10 mg daily -hold if less than and was blank on and . Staff initials were circled on and and and . The review reviled no evidence to confirm that the was taken before the medication was given to ensure whether it was within the ordered parameters to hold. There was no evidence of with responsible party regarding the medications not being available and a resolution or in fact was the medication given or not. , 5 mg day was blank on and to 12/ to . Staff initials were circled from 12.23 to , and . The page of the MOR indicated the medication was not available on and .	A 025		

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A 025	Continued From page 11 400 mg one table every 12 hours at 8 AM and 9 PM and was blank on 12/, ..., .., , , , , , , , , , for both dosages. On ..., ..., ..., ..., it was blank for the 9 PM dosage. There were no notations that validated the omission for the medications and any notification to healthcare provider and /or responsible party. Review of the resident's medication revealed a bubble pack dated ..... for the ..... where 60 pills were dispensed and 5 had been used. There was also a bubble pack that indicated a refill was done on and 6 refills were available. ..., .. 50 mcg daily was blank on , , , , 21/24, , and .... There were no written notations or a healthcare provider's order that explained why the medication was not given. Review of the resident's medications revealed a bubble pack dated ... ... where 30 pills were dispensed. The .. ..., ... MOR listed: ..., .. 10 mg daily -hold if ..., ... less than . The medication was marked as given from .. to .., was blank on ..., and had staff initials circled on .. The review revealed no evidence to confirm that the ..., was taken before the medication was given to ensure whether it was within the ordered parameters to hold. The last page of the MOR indicated the medication was not available on .. at 8:30 AM. Review of the resident's medication revealed a bubble pack dated for the , ; 4 pills had been used.	A 025		

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A 025	Continued From page 12 , 5 mg day was blank on and and staff initials on . The last page of the MOR indicated the medication was not available on at 8:30 AM. Review of the resident's medication revealed a bubble pack dated for the , . The Director of Nursing (DON) said on at 2:40 PM that the staff may have clicked, as it was a new computer system, on the wrong option but she would check for an order to see if the medications were on hold. The DON said at 3:15 PM that she was unable to locate any orders. 3. Record review for resident #13 revealed he received hospice services. Review of the health care provider's order dated revealed it noted , 1 milligrams (mg)-1 every 3 hours as needed for severe , 1 mg-1 every 6 hours as needed and , 0.5 mg -1 at 1700 (5 PM) daily. Review of the medication observation records (MORs) for and revealed they noted , 0.5 mg-1 tablet once daily at 5 PM was only marked as given on , , through , the other days were all left blank. The MORs also noted , 0.5 mg 1 every 6 hours as needed for , 1 mg-1 every 3 hours as needed for agitation and . There was not documentation on the MOR that indicated the as needed medication was given because all the spaces were left blank. Review of the Schedule II declining use form revealed it noted the drug name , 0.5 mg-Strength-1 mg-amount received was 82. Directions for use was "0.5 mg once daily at 5	A 025		

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A 025	Continued From page 13 PM=0.5 every 6 hours as needed." (this was two different orders) The form was used to keep the count of the medication when given. On at 5 PM pill was noted as given and 81 pills remained-there section for the person administering the medication was left blank. On at 5 PM pill was noted as given and 81 pills remained On at 5 PM pill was noted as given and 80 & pills remained On at 5 PM pill was noted as given and 80 pills remained On at 5 PM 1 pill was noted as given and 79 pills remained On at 5 PM pill was noted as given and 78 pills remained On at 5 PM pill was noted as given and 78 pills remained On at 5 PM pill was noted as given and 76 pills remained (the MOR noted one on the floor) On at 5 PM pill was noted as given and 76 pills remained. On at 5 PM 1 pill was noted as given and 75 pills remained On at 6 PM 1 pill was noted as given and 74 pills remained On at 5 PM 1 pill was noted as given and 73 pills remained On at 5 PM 1 pill was noted as given and 72 pills remained On at 5 PM 1 pill was noted as given and 71 pills remained On at 5 PM 1 pill was noted as given and 70 pills remained On at 5 PM 1 pill was noted as given and 69 pills remained On at 5 PM 1 pill was noted as given	A 025		

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	AL11968966	A. BUILDING: _____ B. WING _____	01/07/2020

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A 025	Continued From page 14 and 68 pills remained On at 6 PM 1 pill was noted as given and 67 remained Continued review of the Scheduled II declining use form revealed the facility staff were give the , 1 mg daily at various times starting through that included 7 PM on through , through and through and through instead of mg daily. the other days were given at 6 PM. Review of the prescription bottle revealed it noted 1 mg- 1 tablet as needed for , and agitation and was filled on . There was no way to determine why the facility staff was administering the 1 pill daily at various times. On at 12:30 PM, the director of nursing reviewed the MORs and Schedule II declining use form and said she did not know why the resident was not receiving the medication as ordered and why the MOR was not being marked as given also. A telephone call was made on at 3:30 PM to hospice agency to obtain clarification regarding the order for the , , spoke with the patient care manager. She requested a copy the facility's order that was in the record. The order was emailed to her. The patient care manager said she had reviewed the order and the facility should have followed the order. She said the resident should be taking 0.5 mg 1 daily at 5 PM, the 1 mg every 6 hours was only for breakthrough , and the one for every 3 hours was for severe , normally administered during the dying process. On the director of nursing was included	A 025		

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A 025	Continued From page 15 on the telephone call with the hospice patient care manager who informed her of correct order. The director of nursing said she was not aware why the resident received the 1 mg because he did not have breakthrough ..... Class III	A 025		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ..... the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical ....., the facility must, pursuant to section	A 054		

Agency for Health Care Administration

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A 054	Continued From page 16	A 054		

429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure the Medication Observation Record (MOR) for 3 of 4 sampled residents (#3, #12 and #13) was properly updated.

Findings:

1. Resident #12's record revealed a facility admission date of . His current 1823 health assessment form, dated , indicated that his diagnoses include Major and his medications are administered via his .

His MOR contained entries for 10 milligrams (mg) daily, 50 micrograms (mcg) daily, 5 mg twice daily and 10 mg three times daily. All of these medications were not signed as given from through and there was no documentation to indicate why. (photographic evidence obtained.)

At 1:50 p.m. on the director of nursing confirmed the findings.
2. Review of the MOR for and for resident #13 revealed there were blank spaces there was no way to determine whether the resident received her medications as follows:
Record review for resident #13 revealed he received hospice services. Review of the health care provider's order dated revealed it noted , 1 milligrams (mg)-1 every 3

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A 054	Continued From page 17 hours as needed for severe [illegible] 1 mg-1 every 6 hours as needed and [illegible] 0.5 mg -1 at 1700 (5 PM) daily. Review of the medication observation records (MORs) for [illegible] and [illegible] revealed they noted [illegible] 0.5 mg-1 tablet once daily at 5 PM was only marked as given on [illegible] through [illegible], the other days were all left blank. The MORs also noted [illegible] 0.5 mg 1 every 6 hours as needed for [illegible] 1 mg-1 every 3 hours as needed for agitation and [illegible]. There was not documentation on the MOR that indicated the as needed medication was given because all the spaces were left blank. Review of the Schedule II [illegible] declining use form revealed it noted the drug name [illegible], 0.5 mg-Strength-1 mg-amount received was 82. Directions for use was "0.5 mg once daily at 5 PM=0.5 every 6 hours as needed." (this was two different orders) The form was used to keep the count of the medication when given. On [illegible] at 5 PM [illegible] pill was noted as given and 81 [illegible] pills remained-there section for the person administering the medication was left blank. On [illegible] at 5 PM [illegible] pill was noted as given and 81 pills remained On [illegible] at 5 PM [illegible] pill was noted as given and 80 & [illegible] pills remained On [illegible] at 5 PM [illegible] pill was noted as given and 80 pills remained On [illegible] at 5 PM 1 pill was noted as given and 79 pills remained On [illegible] at 5 PM [illegible] pill was noted as given and 78 [illegible] pills remained On [illegible] at 5 PM [illegible] pill was noted as given	A 054		

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A 054	Continued From page 18 and 78 pills remained On at 5 PM pill was noted as given and 76 pills remained (the MOR noted one on the floor) On at 5 PM pill was noted as given and 76 pills remained. On at 5 PM 1 pill was noted as given and 75 pills remained On at 6 PM 1 pill was noted as given and 74 pills remained On at 5 PM 1 pill was noted as given and 73 pills remained On at 5 PM 1 pill was noted as given and 72 pills remained On at 5 PM 1 pill was noted as given and 71 pills remained On at 5 PM 1 pill was noted as given and 70 pills remained On at 5 PM 1 pill was noted as given and 69 pills remained On at 5 PM 1 pill was noted as given and 68 pills remained On at 6 PM 1 pill was noted as given and 67 remained Continued review of the Scheduled II declining use form revealed the facility staff were give the 1 mg daily at various times starting through that included 7 PM on through , through and through and through instead of mg daily. the other days were given at 6 PM. The MOR was not updated each time the medication was administered tab 5 mg give 1 tablet daily for retention: The MOR was left blank at 5 PM on 400 mg give 1 every 8 hours around	A 054		

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A 054	Continued From page 19 the clock was left blank at 3 PM on , , , , , and at 11 PM on through , , , , , , , and . On at 4 PM, the director of nursing confirmed the findings. 3. Review of the record for resident #3 revealed an admission date of . Review of the health assessment (form 1823) dated revealed the resident required assistance with self-administration of medications. Review of the MOR on for resident #3 for and , revealed: / D 500mg/200mg, take 1 tablet in the morning. Documentation on the paper MOR began on . The doses on the MOR were circled on the dates of , , 18. 19, 20, 21, 22, 23, 24, 25, 26, 27, 28. 29, 30. On , the , MOR was blank for , 2, 4, 6 and 7 for the 8AM dose. The doses on and were circled. , 600mg, take 1 tablet three times a day. Documentation on the paper MOR began on . The MOR had times of 8:00AM, 4:00PM and 11:00PM. The 4:00PM dose was only documented as being given on . On the , MOR, the 8AM doses for was blank. No doses at 4PM or 11PM were signed as being given in , as of . In addition, the MOR was signed for the 8AM doses on , 14, 16, 18, 19, 2020- all dates in the future. 75mg, give 1 tablet every 24 hours at bedtime. Documentation on the paper MOR began on . The dose on was circled. It was documented as being given on	A 054		

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A 054	Continued From page 20 and and all doses from 21-31 were blank. The MOR was blank for all doses in . , 81mg, 1 tablet once a day at 8AM. Documentation on the paper MOR began on . All dates on the MOR from /19through were blank. In , the MOR was signed on and . The MOR was blank for , , , and . gel 4% every 6 hours. Documentation on the paper MOR began on . The MOR indicated application times of 7:00AM, 5:00PM and 9:00PM- which did not reflect intervals of 6 hours as ordered. The MOR was signed for the gel being applied on at 5PM and 9PM. No other dates in were signed for the gel being applied. In , the MOR was signed for the 7AM application on and . The MOR was blank for , , , and for the &AM dose. The MOR was blank for all doses at 5PM and 9PM. , 6.8mg.ml 2 times a day. The MOR note times as 8AM and 5PM. The MOR did not indicate how many drops or which , were to receive the drops. Documentation on the paper MOR began on . The dose at 5PM was circled. The medication was documented as being given on , , and at 5PM, at 5PM. No other 5PM doses were signed as being given. No morning doses were signed as being given. The , MOR indicated to give the medication to both , twice a day. It did not specify how many drops to give. The , MOR did not indicate times for the drops to be given. The , MOR was signed one time on	A 054		

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A 054	Continued From page 21 each , , and . The MOR was blank for , , , , and for all 2nd doses on all dates , , 2020. , 40mg, 1 tablet every morning. Documentation on the paper MOR began on . The medication was signed as being given on , , , , and at 8AM. No other doses were documented as being given. On the , MOR, the medication was blank on and . 100mg, give 1 tablet daily. The 8AM dose for was blank. Lumigan solution, 1 drop into each , at bedtime. The MOR was blank for all dates in , . 5mg, take one tablet once a day. The MOR was blank on and . The reverse side of each page of the MORs for or did not contain any documentation to explain why the doses were circled or not documented, or if the medications were given. (photographic evidence obtained) On at 3:45PM, the Director of Nursing confirmed the findings. She was unable to explain why there were blanks and no documentation. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage	A 055		

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A 055	Continued From page 22 residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by	A 055		

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A 055	Continued From page 23 being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.	A 055		

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A 055	Continued From page 24 (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure all medications were centrally stored and secured for 1 of 10 sampled residents who required assistance with self-administration of medications. (#3) Findings: During a tour of the facility, prescription and unlabeled medications were observed in . There were 2 bottles of pills, one bottle of , and a small bag of 1ml syringes in the room. The prescribed D was filled in and expired in . An amber bottle of pills was not labeled. Lumigan 0.01% were on the kitchen counter. The Director of Nursing was present during the observation and was asked if the resident received assistance with medications. She stated yes, resident #3 did get assistance with her medications. On at 10:15AM, resident #3 stated that staff brings her medications to her each time they are due. When asked about the medications in the room she stated, "I forgot to give them to the nurse." She said the unlabeled bottle was , "because I have trouble opening the larger bottle." She said she got the first dose and then went to bed; she said the nurse came , but she was sleeping. Resident #3 stated the syringes were from when she used to give	A 055		

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A 055	Continued From page 25 . . . to herself. She said she forgot to give the syringes to the nurse. Review of the record for resident #3 revealed an admission date of . . . . . . Review of the health assessment (form 1823) dated revealed the resident required assistance with self-administration of medications. On at 3:45PM, the Director of Nursing confirmed the findings. Class III	A 055		
A 091 SS=B	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care	A 091		

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A 091	Continued From page 26 Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 1 of 5 sampled staff (A). Findings: Personnel record review for staff A hired revealed a certificate for [redacted] training that was dated [redacted] and did not include the year that the training was provided. On [redacted] at 2 PM, the business office manager confirmed the findings. Class	A 091		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are	A 093		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 093	Continued From page 27 incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic	A 093		

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	AL11968966	A. BUILDING: _____ B. WING _____	01/07/2020

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A 093	Continued From page 28 diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any	A 093		

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A 093	Continued From page 29 resident, must be on . . . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a 3 day supply of water for use in the event of an emergency. Findings: The facility had a census of 86 resident on . . . . . . Observation of the emergency water supply on revealed the facility had 128 gallons of water on . The required amount of water to be maintained at all times for 86 residents is 258 gallons. On . . . . at 1:50PM, the dietary manager confirmed the finding. Class III	A 093		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available	A 160		

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A 160	Continued From page 30 at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.	A 160		

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A 160	Continued From page 31 (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures.	A 160		

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A 160	Continued From page 32 (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on the review of the department of health report and interview, the facility failed to maintain a satisfactory department of health inspection within the last 2 years. Findings: Review of facility records revealed the last department of health inspection report for group homes was dated . . . . (due . . . .) On . . . . . at 1 PM, the assistant administrator confirmed the findings. Class III	A 160		
A 162 SS=B	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next	A 162		

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A 162	Continued From page 33 of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C.	A 162		

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A 162	Continued From page 34 (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at	A 162		

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A 162	Continued From page 35 the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the record for 1 of 4 sampled residents (#13) contained a signed written informed consent for unlicensed staff to assist residents with self-administered medications. Findings: On at 10 AM the director of nursing said the facility utilized unlicensed staff to assist residents with self-administered medications.	A 162		

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A 162	Continued From page 36 Resident #13 s record revealed his most recent 1823 health assessment form, dated [redacted], indicated that he required assistance with self-administered medications and there was no written informed consent for unlicensed staff to assist him with medications On [redacted] at 3 PM, the assistant administrator confirmed the findings, she stated only nurses use to administer the medications and when it was changed to unlicensed staff also assisting with medications, the resident's family was not provided the written informed consent. Class	A 162		
A 167 SS=B	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or [redacted] of residents,	A 167		

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A 167	Continued From page 37 other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or [illegible] facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section	A 167		

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A 167	Continued From page 38 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, ... (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the	A 167		

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A 167	Continued From page 39 time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and [illegible] of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address	A 167		

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A 167	Continued From page 40 of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , ... facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or . . . . imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part	A 167		

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	AL11968966	A. BUILDING: _____ B. WING _____	01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 167	Continued From page 41 II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's . . . . or relocation due to . , , hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the residency agreement for 2 of 2 sampled residents (#12 and #13) contained all of the required information. Findings: Resident #12's residency agreement was dated . . . . . . Resident #13's residency agreement was dated . Neither agreement contained a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change and neither stated whether the facility is affiliated with any religious organization. At 1:30 p.m. on the assistant administrator confirmed the findings.	A 167		

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A 167	Continued From page 42 Class	A 167		
A 200 SS=B	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in	A 200		

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A 200	Continued From page 43 portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve . . . . temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the	A 200		

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A 200	Continued From page 44 campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source	A 200		

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A 200	Continued From page 45 and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency rule 58AER17-1 will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a	A 200		

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A 200	Continued From page 46	A 200		

copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.
(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.
(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation.
(4) IMPLEMENTATION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . . . . . , have implemented the plan required under this rule.
(b) The Agency shall allow an extension up to . . to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are

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A 200	Continued From page 47 no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo	A 200		

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A 200	Continued From page 48 any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the	A 200		

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A 200	Continued From page 49	A 200		

written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.
(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.
(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.
(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.
(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.
(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.
(8) NOTIFICATION.
(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has

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A 200	Continued From page 50 been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on review of the facility health finder.gov and interview, the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval and the final implementation of the plan. Findings: Review of the facility health finder.gov website revealed the facility reported to the agency that their emergency power plan was approved on and their plan's implementation date was noted as . On /12020 at 11:45 AM, the assistant administrator said the facility had not provided a	A 200		

Agency for Health Care Administration

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A 200	Continued From page 51 letter to the resident's or the resident's legal representative upon submission of the plan to the local emergency management agency and that the plan had been implemented. Class	A 200		