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 _____	R 03/10/2020

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 revisit to a re-licensure survey with Extended Congregate Care and Limited Nursing Services was conducted at Gentry Park Orlando Assisted Living Facility on . Deficiencies were identified at the time of visit.	{A 000}		
{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 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	{A 025}		

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{A 025}	Continued From page 1 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: DEFICIENCY REMAINED UNCORRECTED Based on record review and interview, the facility failed to follow a health care provider's medication orders for 2 of 4 sampled residents (#3 and #10). Findings: 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. Observation notes in the record indicated the resident was out of the facility in the hospital on , 8, and 9, and returned in the evening on . Review of the electronic MOR (eMOR) on for resident #3 for , revealed the following: , 81mg, 1 tablet once a day at 8AM. All	{A 025}		

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{A 025}	Continued From page 2 8AM doses -6 and were marked as "med not available." gel 4% apply to , every 6 hours. The eMOR for only indicated one application time each day at 8AM. All 8AM doses -6 and were marked as "med not available." There were no other doses recorded to follow the order to apply every 6 hours. Cholestyram powder 4 gram, mix 1 packet as directed and give by daily. All 8AM doses -6 and were marked as "med not available." Dorzol/Timol solution 22. .8- instill 1 drop into each , twice a day. This was marked as "not available" at 8AM on -6 and ; and 'not available" at 9PM on . The medication was marked as being given at 9PM on , 2, 4, 5, 6. It was also marked as given at 9PM pm and , when the resident #3 was in the hospital. cream 0.01%, insert 0.5 grams three time a week by route as needed. This was marked being given on and , not available on , given on , , , (resident was in hospital), and (resident was in hospital). It was circled as "med not available" on and circled on with no note. The provider's order to give 3 times a week was not being followed, as this was documented to be given every day, with the 2 noted exceptions in a 10 day period. , 300mg, give 3 (900 mg) tablets three times a day. The eMOR was circled for the 8AM and 12PM doses on but shown as given at 9PM on (resident was in hospital), circled for 8AM dose on , but shown as given at 12PM & 9PM on (resident was in hospital). , inj 100ml; inject 8 units , three times a day before each meal. Doses to be given at 7:30AM, 11:30AM and 4:30PM. The doses for 7:30AM and 11:30AM on , 11:30AM	{A 025}		

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{A 025}	Continued From page 3	{A 025}		

on .. , 7:30AM and 11:30AM on ... were marked as not available. Additionally, ., was marked as given at 4:30PM on .. and ... when the resident was in the hospital.
., ... Cream 2.5%; apply .., ... , to affected areas twice a day as directed. This was marked as "med not available" for the morning doses on , , , , , and and for the evening dose on .... It was marked as given for the evening doses on , , , , ... It was also marked as given 8PM on .. and , when the resident was in hospital.
..... 5% patch; apply .., ... , to left , once daily *12 hours on. 12 hours off* The eMOR did not specify if the 8AM was an "on" or "off" time. The patch was marked as "med not available" for .., ..., ..., ..., ..., ..., and 10 at 8AM. But was marked as being on or off for the 8PM times each of those days.
Lumigan 0.01% solution, instill 1 drop into each .. at bedtime. Marked as "med not available" on and but given on . Also, marked as given on .. and ... when the resident was in the hospital.
..... tablet 7.5mg, take one tablet by .... once daily, was marked on the eMOR as "med not available" on ...-6 and ... .
tablet 1000mg, give one tablet by ... twice daily, was marked as "med not available" on (AM and PM doses), (AM dose only, PM dose marked as given), ... (AM and PM doses), (AM dose only, PM dose marked as given). On .. and ..., when the resident was in hospital, the PM doses were marked as given.
..... tablet 10mg; give one tablet by ..... once daily, was marked on the eMOR as "med not available" on -6 and .
.., SO4 15mg ER tablet give 1 tablet by ... once daily. Marked as given at 8PM on

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{A 025}	Continued From page 4 and ... when the resident was in hospital. , 40mg, 1 tablet every morning. This was documented as "med not available" on ... , and . Also, for resident #3, the eMOR contained an order for , ... 5mg, give one tablet by once daily. This order was dated ... with a stop date of ... . The medication was signed as given on through ... and .... An observation of the medication cart containing the medications for resident #3 on ... at 12:55PM revealed 3 different bottles of , : 1) 20mg, filled on , take 3 tablets by ... once daily. 2) 10 mg filled on , take one tablet once daily, and 3) 10mg filled on ..., take one tablet by ... once daily for 30 days. There were no bottles of , ... 5mg on the cart. On ... at 12:55PM, staff F, caregiver who was providing medication assistance for resident #3 on , stated she did not give resident #3 her meds that morning, and that one of the nurses told her to sign the eMOR because the nurse forgot to sign. She was unable to explain why there were no bottles of , 5 mg on the cart and said she had not split any pills for the resident. On at 1:15PM, staff G, an LPN overseeing the medications for resident #3 on , stated she did not tell staff G to sign for the morning meds. Staff G said she gave resident #3 , and then reminded staff F to check that all the meds were given, since none had been signed yet that day. The eMOR showed the initials for staff F as having provided the medications for the resident on . (photographic evidence obtained)	{A 025}		

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{A 025}	Continued From page 5 On [redacted] at 1:45PM, the Director of Nursing confirmed the findings. She was unable to confirm if the resident was receiving medications as ordered by her provider. Review of the record for resident #10 revealed a health assessment dated [redacted] that included a diagnosis of high [redacted]. Assistance was required with self-administration of medications. The [redacted] eMOR listed [redacted] 10 mg daily, and included the physician ordered parameter "hold if [redacted] less than [redacted]." The medication was marked as given at 8AM on [redacted], and [redacted], however, there was no documented [redacted] noted on the eMOR prior to the resident being given the medication. In addition, on [redacted], and [redacted], the medication was marked as given by unlicensed staff. Unlicensed staff are not permitted to provide assistance with medications ordered with parameters. Review of the eMOR revealed no evidence to confirm that the [redacted] was taken before the medication was given to ensure whether it was within the ordered parameters to hold. On [redacted] at 1:45PM, the Director of Nursing confirmed no [redacted] had been recorded anywhere. She confirmed unlicensed staff had been assisting with the medication. 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	{A 054}		

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{A 054}	Continued From page 6 managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interviews, the facility failed to ensure the electronic Medication Observation Record (eMOR) for 1 of 4 sampled residents (#3) was accurate and up-to-date. Findings:	{A 054}		

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{A 054}	Continued From page 7 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. Notes in the record indicated the resident was out of the facility in the hospital on . . . , 8, and 9, and returned in the evening on . . . Review of the eMOR on for resident #3 for . . . . . , revealed the following: Dorzol/Timol solution 22. . .8- instill 1 drop into each . twice a day. This was marked as "not available" at 8AM on . -6 and . . ; and 'not available" at 9PM on . . The medication was marked as being given at 9PM on , 2, 4, 5, 6. It was also marked as given at 9PM pm . and . . , when the resident #3 was in the hospital. cream 0.01%, insert 0.5 grams three time a week by . . route as needed. This was marked being given on and , not available on . . . , given on . . , . . . , . . (resident was in hospital), and (resident was in hospital). It was circled as "med not available" on and circled on with no note. The provider's order to give 3 times a week was not being followed, as this was documented to be given every day, with the 2 noted exceptions in a 10 day period. . . . . , . . 300mg, give 3 (900 mg) tablets three times a day. The eMOR was circled for the 8AM and 12PM doses on . but shown as given at 9PM on . (resident was in hospital), circled for 8AM dose on . . . , but shown as given at 12PM & 9PM on (resident was in hospital). . inj 100ml; inject 8 units . . . . . three times a day before each meal. Doses to be	{A 054}		

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{A 054}	Continued From page 8 given at 7:30AM, 11:30AM and 4:30PM. The doses for 7:30AM and 11:30AM on , 11:30AM on , 7:30AM and 11:30AM on were marked as not available. Additionally, was marked as given at 4:30PM on and when the resident was in the hospital. , Cream 2.5%; apply , , to affected areas twice a day as directed. This was marked as "med not available" for the morning doses on , , , , , and and for the evening dose on . It was marked as given for the evening doses on , , , . . It was also marked as given 8PM on and , when the resident was in hospital. 5% patch; apply , , to left , once daily *12 hours on. 12 hours off* The eMOR did not specify if the 8AM was an "on" or "off" time. The patch was marked as "med not available" for , 2, 3, 4, 5, 6, and 10 at 8AM. But was marked as being on or off for the 8PM times each of those days. Lumigan 0.01% solution, instill 1 drop into each , at bedtime. Marked as "med not available" on and but given on . Also, marked as given on and when the resident was in the hospital. tablet 1000mg, give one tablet by twice daily, was marked as "med not available" on (AM and PM doses), (AM dose only, PM dose marked as given), (AM and PM doses), (AM dose only, PM dose marked as given). On and , when the resident was in hospital, the PM doses were marked as given. , SO4 15mg ER tablet give 1 tablet by once daily. Marked as given at 8PM on and when the resident was in hospital. Also, for resident #3, the eMOR contained an order for , 5mg, give one tablet by	{A 054}		

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{A 054}	Continued From page 9 ... once daily. This order was dated with a stop date of . The medication was signed as given on .. through and . An observation of the medication cart containing the medications for resident #3 on at 12:55PM revealed 3 different bottles of , ...: 1) 20mg, filled on .. .., take 3 tablets by once daily. 2) 10 mg filled on .. .., take one tablet once daily, and 3) 10mg filled on , take one tablet by once daily for 30 days. There were no bottles of , 5mg on the cart. On at 12:55PM, staff F, caregiver who was providing medication assistance for resident #3 on .. .., stated she did not give resident #3 her meds that morning, and that one of the nurses told her to sign the eMOR because the nurse forgot to sign. She was unable to explain why there were no bottles of , ... 5 mg on the cart and said she had not split any pills for the resident. On .. .. at 1:15PM, staff G, an LPN overseeing the medications for resident #3 on .. .., stated she did not tell staff G to sign for the morning meds. Staff G said she gave resident #3 .. .. .., and then reminded staff F to check that all the meds were given, since none had been signed yet that day. The eMOR showed the initials for staff F as having provided the medications for the resident on .. .. (photographic evidence obtained) On at 1:45PM, the Director of Nursing confirmed the findings. She was unable to confirm if the MOR was correct or if the resident was receiving medications as ordered by her provider. Class III	{A 054}		

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A 056	Continued From page 10	A 056		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; 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	A 056		

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A 056	Continued From page 11 be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they 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,	A 056		

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A 056	Continued From page 12 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 resident record review and interview, the facility failed to ensure every reasonable effort was made to ensure that prescriptions for residents who receive assistance with self-administration of medication were refilled in a timely manner for 1 of 2 residents reviewed (#3). Findings: 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. Observation notes in the record indicated the resident was out of the facility in the hospital on , 8, and 9, and returned in the evening on . Review of the electronic MOR (eMOR) on for resident #3 for , revealed the following medications were not available as ordered: ., 81mg, 1 tablet once a day at 8AM. All doses -6 and were marked as "med not available." gel 4% apply to , every 6 hours. All doses -6 and were marked as "med not available." Cholestyram powder 4 gram, mix 1 packet as directed and give by daily. All doses -6	A 056		

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	AL11968966	A. BUILDING: _____ B. WING _____	R 03/10/2020

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A 056	Continued From page 13 and ... were marked as "med not available." Dorzol/Timol solution 22. .8- instill 1 drop into each ., . twice a day. This was marked as "not available" at on -6 and ; and at 9PM on .... inj 100ml; inject 8 units ... three times a day before each meal. Doses to be given at 7:30AM, 11:30AM and 4:30PM. The doses for 7:30AM and 11:30AM on .. , 11:30AM on , 7:30AM and 11:30AM on were all marked as "not available." ... Cream 2.5%; apply , ... to affected areas twice a day as directed. This was marked as "med not available" for the morning doses on .. , ..., ..., ... , ..., ... and .... and for the evening dose on ... . 5% patch; apply ., ... to left , once daily *12 hours on. 12 hours off* The eMOR did not specify if the 8AM was an "on" or "off" time. The patch was marked as "med not available" for .. , ..., ..., .. , ..., ..., and 10 at 8AM. Lumigan 0.01% solution, instill 1 drop into each ... at bedtime. Marked as "med not available" on .. and .... tablet 7.5mg, take one tablet by once daily, was marked on the eMOR as "med not available" on -6 and .. ... tablet 1000mg, give one tablet by ... twice daily, was marked as "med not available" on (AM and PM doses), ... (AM), (AM and PM doses), (AM). ... ... tablet 10mg; give one tablet by ... once daily, was marked on the eMOR as "med not available" on .. -6 and ... . , 40mg, 1 tablet every morning. This was documented as "med not available" on .. , and . Also, for resident #3, the eMOR contained	A 056		

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A 056	Continued From page 14 an order for , 5mg, give one tablet by once daily. This order was dated with a stop date of . An observation of the medication cart containing the medications for resident #3 on at 12:55PM revealed there were no bottles of , 5mg on the cart. (photographic evidence obtained) On at 1:45PM, the Director of Nursing confirmed that medications were not arriving from the pharmacy as needed. Class III	A 056		
{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 of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or	{A 167}		

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{A 167}	Continued From page 15	{A 167}		

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 429.26(8), F.S., will take effect;
(k) A provision that residents must be assessed

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{A 167}	Continued From page 16 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 time of admission or prior thereto, between the licensee and the resident or his or her designee	{A 167}		

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{A 167}	Continued From page 17 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 of the depository where the moneys are being held. The licensee shall notify residents of the	{A 167}		

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{A 167}	Continued From page 18 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 [illegible] (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 [illegible] 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 [illegible] 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 II of chapter 83, provided that the lease is terminated automatically without financial penalty	{A 167}		

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{A 167}	Continued From page 19 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: THIS DEFICIENCY REMAINS UNCORRECTED Based on record reviews and interview, the facility failed to ensure the residency contract for 2 of 3 sampled residents (#12 and #13) contained all of the required information. Findings: Resident #12's residency contract was dated . Resident #13's residency contract was dated . Both records contained a notice dated that the facility stated was sent to the families. The notice listed informed families that residents must be assessed upon admission and every 3 years thereafter, or after a significant change, and that the facility was not affiliated with any religious organization. The notice was not signed by the resident or family, and so is not a part of the contract with the facility.	{A 167}		

Agency for Health Care Administration

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{A 167}	Continued From page 20 At 1:45 PM on . . . . . the administrator confirmed the findings. Class	{A 167}		