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
	AL11965733	A. BUILDING: _____ B. WING _____	08/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

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

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

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CZ815	Continued From page 2 (m) Section 817.60, relating to obtaining a credit card through fraudulent means. (n) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (o) Section 831.01, relating to forgery. (p) Section 831.02, relating to uttering forged instruments. (q) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (r) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (s) Section 831.30, relating to fraud in obtaining medicinal drugs. (t) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (u) Section 895.03, relating to racketeering and collection of unlawful debts. (v) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee as of , and was screened and qualified under ss. 435.03 and 435.04, has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) A person who serves as a controlling interest	CZ815		

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

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

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CZ815	Continued From page 5 or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required	CZ815		

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CZ815	Continued From page 6 unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all the staff had an eligible level II background screening for one out of 20	CZ815		

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CZ815	Continued From page 7 (Staff B) sampled staff. Findings include: Review of the background-screening database showed the level II background screening for Staff B hired on . . . . . was completed on . . . . . and the results stated "A new screening is required." Interview conducted on . . . . . at 11:30 AM, Administrator confirmed the findings. Unclassified	CZ815		

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A 000	Initial Comments A complaint investigation (complaint number 2020011186), COVID-19 control and generator survey was conducted at Sterling Aventura on to . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=J	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.
(g) In addition to the requirements of section

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A 030	Continued From page 2 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.	A 030		

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care . . . ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . ., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for	A 030		

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A 030	Continued From page 4 relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [redacted] Hotline operated by the Department of Children and Families, and [redacted], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [redacted] or [redacted] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that one of 140 sampled residents was free of [redacted], and was treated with consideration, respect and with due recognition of personal dignity (Resident #1). The resident asserted that she was [redacted] assaulted. The facility also failed to adequately investigate the incident to prevent further occurrences. The facility failed to assist Resident #1 to gain access to appropriate health care after the incident.	A 030		

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	AL11965733	A. BUILDING: _____ B. WING _____	08/21/2020

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A 030	Continued From page 6 Findings include: A review of the facility's records dated showed "'Resident # 1 stated "a tall black man" entered her apartment' "& put his ⌄ in my [explicit]" (the resident's ⌄). Review of Resident#1's health assessment dated showed diagnoses of , , and removal on . The resident need supervision with ambulation, eating, toileting, transferring, ⌄ and grooming and assistance with bathing. Interviewed on at 12:58 PM, Resident#1 stated that a man came to her room to deliver outside food that was sent by her daughter. Resident#1 stated that the man tied her up, covered her , pulled her ⌄ and started touching her. Resident#1 also stated the staff did not send her to the hospital. Resident #1 stated she did not remember the date this happen. On at 12:45PM, the administrator stated she notified the Department of Children & Families (DCF) on and that she reported the alleged assault to law enforcement on at 1:40 PM. The Administrator further stated that she investigated by interviewing the five staff who had access to Resident #1's room, and she suspended the Staff E identified by the resident as the , . She stated Staff E denied any interaction with the resident on the day of the incident. Review of Resident #1's progress notes dated revealed a certified nursing assistant	A 030		

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A 030	Continued From page 7 told the Wellness Director about the resident's report. The progress notes revealed that the Wellness Director examined the resident's [illegible] area for injury and no apparent injuries were noted. The note also revealed, "doctor and power of attorney was notified." Review of the weekly skin assessment completed by the Wellness Director showed on [illegible] that Resident#1's [illegible] was evaluated for any apparent signs of injury. The examination dated [illegible] noted no redness, [illegible], open areas or abnormalities noted. On [illegible] at 1:35PM an interview was conducted with the Wellness Director. She stated Staff I reported that during rounds on [illegible], Resident #1 stated a tall black man entered her room and put his [illegible] in her private parts. The Wellness Director stated, when she examined Resident #1, she did not have any redness or tearing. On [illegible] at 10:46AM an interview was conducted with Staff I. She said on [illegible] Resident #1 told her that the incident happened three days prior. She stated she reported to the Wellness Director that resident told her a black man put his [illegible] in her private area. Staff I stated the Wellness Director had told her that an investigation was already in progress. Interviewed on [illegible] at 9:40AM, Resident #1's daughter stated that the facility did not inform her about the resident's assertion of [illegible] assault. She confirmed that she found out about the assault from her aunt, approximately three days after the incident. She further stated that the facility did not send her mother to the hospital for a medical examination. She stated that on	A 030		

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A 030	Continued From page 8 learning of the incident, she contacted one of her mother's physicians (oncologist) with whom her mother had an [illegible] scheduled for [illegible]. She said that this physician was unable to provide any assistance because the event had occurred several days earlier than his [illegible] with Resident #1. The daughter stated, "on approximately [illegible], my assistant and I called the facility and spoke to the Wellness Director and she said she could not take my mom to the hospital." In an interview on [illegible] at 5:10 PM Resident #1's sister stated that Resident #1 told her on approximately [illegible] that she had been assaulted. The sister said Resident #1 told her that a "couple of women and a man entered her room, then the man pulled her [illegible] to him; she said he worked downstairs and that he brought her some food." The resident's sister further stated that she sent her niece (Resident #1's daughter and Power of Attorney) a text message at 8:06 pm and letting her know that Resident #1 said that she was molested by an employee. Interviewed on [illegible] at 9:40AM Resident #1's daughter's assistant stated " We [Resident's daughter and her Assistant] called the facility approximately [illegible] and spoke to [the nurse] and she said she could not take her (Resident #1) to the hospital." Interviewed on [illegible] at 10:15AM, Staff K stated that he had made repairs in Resident #1's and other resident rooms, but that he had not been interviewed about the event. On [illegible] at 4:15PM an interview was conducted by telephone with the Administrator.	A 030		

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A 030	Continued From page 9 She stated she had completed the investigation for Resident #1's alleged assault and concluded it was not founded. She stated she had interviewed 5 staff members that worked on the floor where Resident #1 room was located. She stated she conducted interviews with other residents that reside on the same floor as Resident #1 and no report of assault identified. She stated Resident #1 has . . . . . and often tell stories. The Administrator stated The Wellness Director was on duty the day Resident #1 reported the incident and she evaluated the resident. She stated The Wellness Director notified the doctor; therefore, she referred the agency representative to speak to The Wellness Director for further information. The Administrator further stated that she had not interviewed other staff or residents. On at 4:35 PM, an interview was conducted by telephone with The Wellness Director. The Wellness Director stated on . . . . . she assessed resident for signs of . . assault and did not observe any signs of injury, such as redness or tears. She stated that she contacted the resident's doctor and explained to him her findings. She stated the doctor agreed with her findings and determined that Resident#1 did not need to go to the hospital. When asked what her qualifications were to conduct the examination, The Wellness Director stated she was a licensed practical nurse (LPN). A review of the Department of Health's Medical Quality Assurance Database confirmed that The Wellness Director was a Licensed Practical Nurse (LPN). A review of the nurse practice act showed an LPN could provide basic medical care under the supervision of doctors or registered nurses and was responsible for making decisions	A 030		

Agency for Health Care Administration

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A 030	Continued From page 10 that are based upon the individual's educational preparation and experience in nursing. The Act stated that the LPN was not allowed to observe, assess, provide nursing diagnosis, plan, give interventions or to evaluate care. On at 11:43AM, a telephone interview was conducted with Resident #1's doctor. He stated he'd received a call from the facility nurse (The Wellness Director) on regarding Resident #1's allegation of being assaulted. He stated, "based on the nurse's assessment I did not see the need to send resident to the hospital, however retrospectively I should have." Review of Resident #1's doctor's records dated showed there was no documentation on the date of or afterwards that Resident #1 received care and examined by a qualified health care provider after her report of being assaulted. Further record review showed no documentation that Resident #1 received counseling or other medical attention after the incident. A review of facility records dated showed no documentation that residents throughout the full facility were interviewed regarding the event, regarding possible other incidents, or overall safety. There was no documentation that all facility residents were reeducated about what to do if an assault occurred. A review of the facility's staffing pattern dated showed that there were fifty-nine employees on staff. A review of the staff schedule for showed that twelve staff were on duty at the time of the incident.	A 030		

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A 030	Continued From page 11 Further review of facility training records for staff dated . . . . . , related to the incident, showed no documentation that staff was retrained on . . . . . and neglect. Class 1	A 030		
A 152 SS=J	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable . . . . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	A 152		

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A 152	Continued From page 12 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe living environment, free of hazards, and failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order. One out of 140 sampled residents were injured by a facility door and the door was not repaired (Resident #2). Resident #2 had two , after her was slammed by her room door. Findings Include: During a phone interview with Resident# 2's son on at 11:31 AM, he stated that his mother lost two when someone closed the door on her in the Memory Care unit. A review of facility records revealed that on , Resident#2 told Staff J that she hurt herself with the door. The facility called fire rescue and Resident#2 was transported to the hospital. Review of Resident #2 health assessment dated showed diagnoses of , , and . The resident had poor	A 152		

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A 152	Continued From page 13 eyesight and needed supervision with ambulation, eating, toileting, and transferring and required assistance with bathing, [illegible], and grooming. Observation on [illegible] at 11:15AM and at around 11:44 am revealed that Resident #2 was asleep, and she was not able to be interviewed. A review of the resident record showed that the resident had been diagnosed with since 2015. On at 11:45 AM, Staff J stated that on [illegible] she saw Resident#2 in the hallway screaming, and Resident#2 told her that she jammed her [illegible] with her room door. A review of Resident# 2's progress notes dated showed a 'doorstopper' was secured to the entry door to Resident# 2's apartment as a safety precaution. Progress notes further revealed an "environment checkup" was done by the Administrator, the Wellness Director and the Memory Care Director. The checkup showed no safety concerns. A review of the facility's records dated showed that Staff A would follow up with the maintenance team to discuss available safety options. The record further stated that a door safety stopper was installed in the meantime to prevent the door from closing completely. A review of the facility's maintenance log dated showed no documentation that an order was made to repair Resident's #2 room door. Further review of the facility's maintenance records dated showed no documentation that other doors throughout the	A 152		

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A 152	Continued From page 14 building had been evaluated to determine whether a similar operating fault existed. During an interview conducted on at 10:15 AM, the maintenance supervisor stated that there was no order sent to repair Resident# 2's door. He further stated that "If no order is done, that means no repair was done by maintenance to the door." On at 10:37 AM, Staff B stated Resident #2 was still residing in the same room where the door was located, and where the incident occurred. Observation on at 11:15 AM showed that a piece of foam taped onto Resident# 2's door. Staff M stated the foam was there to prevent the door from closing completely. Staff M stated that no other intervention was possible, since Resident #2's roommate was wheelchair bound and she could not open the door. A review of the hospital records dated showed that Resident#2 arrived in the emergency room with a , of the phalanx of 4th and 5th digits of the right . The record further stated that the injury occurred after a staff person at the assisted living facility accidentally closed a door on the resident's . Hospital records also showed that Resident#2 had surgery to revise and close the . A review of Resident #2's records dated showed no documentation of accommodations or assistance provided to Resident #2 after her and hospitalization.	A 152		

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A 152	Continued From page 15 Class I	A 152		
A 168 SS=D	429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy 429.24 (3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall	A 168		

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A 168	Continued From page 16 notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or . . . . of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. 429.27, FS Property and personal affairs of residents. - (7) In the event of the . . . . . of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the . . . . . resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's . . . . , the funds shall be deposited in the Health Care Trust Fund administered by the agency.	A 168		

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A 168	Continued From page 17 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the prorated refund based on the daily rate for any unused portion of payment for one out of four sampled residents (Resident#3). Findings include: Review of Resident#3's record showed the resident had been admitted to the facility on . . . . . and expired on . . . . . . A review of the facility's invoices for Resident#3 showed a paid invoice dated with a monthly rent of $3,528 and a level of care of $1,710. Record review of the facility's refund policy revealed that refunds are given 45 days following the date of discharge/ . The policy also showed that residents must remove all personal belongings or remain liable for the monthly services fee and level of care. On at 2:16 PM, the representative for Resident#3 stated that the resident's belongings were removed from the facility on . . . . . She further said that she sent an email to the administrator that same day informing her the room was vacated. On at 10:05 AM Staff B stated that Resident#3 was discharged on . . . . . as that was the date the room was vacated. When asked for documentation that the room was vacated on that day Staff B then produced the email from Resident#3's representative verifying that room was vacated on .	A 168		

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A 168	Continued From page 18 On at 12:24 PM Staff D acknowledged that Resident #3's representative is entitled to a prorated refund in the amount of $1,653. She further stated that she would send the amount to the office so a check can be disbursed. Class III	A 168		