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
	AL11969549	A. BUILDING: _____ B. WING _____	08/31/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
S & M ASSISTED LIVING FACILITY LLC	9950 NW 24TH AVE MIAMI, FL 33147

(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
CZ824	408.811 FS; 59A-35.120 FAC Right of Inspection; Inspection Reports 408.811 Right of inspection; copies; inspection reports; plan for correction of deficiencies.- (1) An authorized officer or employee of the agency may make or cause to be made any inspection or investigation deemed necessary by the agency to determine the state of compliance with this part, authorizing statutes, and applicable rules. The right of inspection extends to any business that the agency has reason to believe is being operated as a provider without a license, but inspection of any business suspected of being operated without the appropriate license may not be made without the permission of the owner or person in charge unless a warrant is first obtained from a circuit court. Any application for a license issued under this part, authorizing statutes, or applicable rules constitutes permission for an appropriate inspection to verify the information submitted on or in connection with the application. (a) All inspections shall be unannounced, except as specified in s. 408.806. (b) Inspections for relicensure shall be conducted biennially unless otherwise specified by authorizing statutes or applicable rules. (2) Inspections conducted in conjunction with certification, comparable licensure requirements, or a recognized or approved accreditation organization may be accepted in lieu of a complete licensure inspection. However, a licensure inspection may also be conducted to review any licensure requirements that are not also requirements for certification. (3) The agency shall have access to and the licensee shall provide, or if requested send, copies of all provider records required during an inspection or other review at no cost to the agency, including records requested during an	CZ824		

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CZ824	Continued From page 1	CZ824		

offsite review.
(4) A deficiency must be corrected within 30 calendar days after the provider is notified of inspection results unless an alternative timeframe is required or approved by the agency.
(5) The agency may require an applicant or licensee to submit a plan of correction for deficiencies. If required, the plan of correction must be filed with the agency within 10 calendar days after notification unless an alternative timeframe is required.
(6)(a) Each licensee shall maintain as public information, available upon request, records of all inspection reports pertaining to that provider that have been filed by the agency unless those reports are exempt from or contain information that is exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution or is otherwise made confidential by law. Copies of such reports shall be retained in the records of the provider for at least 3 years following the date the reports are filed and issued, regardless of a change of ownership.
(b) A licensee shall, upon the request of any person who has completed a written application with intent to be admitted by such provider, any person who is a client of such provider, or any relative, spouse, or guardian of any such person, furnish to the requester a copy of the last inspection report pertaining to the licensed provider that was issued by the agency or by an accrediting organization if such report is used in lieu of a licensure inspection.

59A-35.120 Inspections.
(1) When regulatory violations are identified by the Agency:
(a) Deficiencies must be corrected within 30 days of the date the Agency sends the deficiency

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CZ824	Continued From page 2 notice to the provider, unless an alternative timeframe is required or approved by the Agency. (b) The Agency may conduct an unannounced follow-up inspection or off-site review to verify correction of deficiencies at any time. (2) If an inspection is completed through off-site record review, any records requested by the Agency in conjunction with the review, must be received within 7 days of request and provided at no cost to the Agency. Each licensee shall maintain the records including medical and treatment records of a client and provide access to the Agency. (3) Providers that are exempt from Agency inspections due to accreditation oversight as prescribed in authorizing statutes must provide: (a) Documentation from the accrediting agency including the name of the accrediting agency, the beginning and expiration dates of the provider's accreditation, accreditation status and type must be submitted at the time of license application, or within 21 days of accreditation. (b) Documentation of each accreditation inspection including the accreditation organization's report of findings, the provider's response and the final determination must be submitted within 21 days of final determination or the provider is no longer exempt from Agency inspection. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide timely access to the building for an unannounced inspection. The agency representatives did not have access to the facility for at least one hour and needed the assistance of law enforcement to gain entrance. Findings Included:	CZ824		

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CZ824	Continued From page 3 On . . . . . at 9:45 AM arrived at the facility and observed the facility enclosed inside a locked gate with a bell attached. The agency representatives rang the gate bell numerous times, and no one answered. At 10:01 AM observed Resident #1 walked from the facility backyard, approached the agency representatives from inside the gate and said no staff was working at the facility. On at 10:01 am, the agency representative called the facility listed telephone number and no one answered. After several calls a person eventually answered the telephone, wouldn't disclose their name and stated no one was working at the facility at the time. The person also stated she couldn't unlock the gate for the agency representatives to enter the facility. The person then hung up the telephone. On at 10:45 AM the agency representative notified law enforcement to assist with gaining entrance inside the facility. On at 10:47 AM law enforcement arrived at the facility. At 10:50 AM observed Staff C walked out of the facility front door and greeted law enforcement and agency representatives. She stated she only spoke Creole. The Agency representative Creole speaking staff translate, and Staff C stated her name and said she was the caretaker for the facility. She further stated she was the only staff working at the time. She also stated the gate bell was not working. Staff C stated she did not hear anyone at the gate because she was in the part of the house.	CZ824		

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CZ824	Continued From page 4 Class III	CZ824		

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A 000	Initial Comments A complaint investigation (complaint number 2020012552), COVID-19 control and generator survey was conducted at S&M Living Facility from through . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 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: Based on observation, record review and interview, the facility failed to provide care and services appropriate to the needs of two out of nine sampled residents (Residents#1 and #2).The facility failed to provide supervision as appropriate and observe the wellness of the general health, safety, physical, and emotional well- being, for two out of nine sampled residents (Resident#1 and #2). Resident#1 was assaulted by another resident and suffered a without foreign body or other part of . . and of , . Resident #1 had no follow up treatment for the injury. Resident #2 had a history of hitting residents on at least three occasions and no intervention was provided. Resident #2 did not receive prescribed medications for at least 2 months. Findings Included: 1}	A 025		

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A 025	Continued From page 2 On . . . . . at 9:55 am, observed the Resident#1 with two , one under her left . . and one on her forehead. On . . . . . at 9:55 am, Resident #1 stated she did not know what happen to her . A review of Resident#1's health assessment dated on . . . . . revealed diagnosis of , , , . The resident was independent with ambulation, bathing, ... , eating, and needed assistance with medications. Record review showed no documentation of Resident#1 being hit by another resident or of interventions being put in place to prevent reoccurrences. On . . . . . at 12:15 PM Staff C stated she was in the kitchen, along with the Administrator and heard a scream coming from Residents#1 and #2's room. She further stated that when she entered the room, she saw Residents#1 and #2 standing inside the room and Resident#1 was holding her . . . and . . . . . . Staff C said she saw Resident#2 holding an object in her and she believed Resident#2 hit Resident#1 in the with the object. Staff C further stated she believed that Resident#1 was trying to communicate with Resident#2 and put her . . too close to her . . . and Resident#2 felt threatened, became aggressive and hit Resident#1. On . . . . . at 12:09 pm, the administrator stated she called the police. She further explained that Resident#2 was taken away from the facility by law enforcement. The administrator stated the paramedics arrived at the facility, assessed Resident#1 injury, but did not take her	A 025		

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A 025	Continued From page 3 to the hospital. The administrator stated she transported Resident #1 in her vehicle to an urgent care center for treatment. Review of Resident#1's urgent care medical record revealed Resident#1 had a without foreign body on the and of , . The record also revealed the resident needed to be seen by a physician in two days. Resident #1 records revealed no documentation of follow up care or seen by a physician in two days. 2) Review of Resident#2 record revealed on at 1:00 pm she became aggressive and hit Resident#1 on the left side of . Record review showed no documentation that Resident#2's physician was notified, or that intervention was put in place to prevent reoccurrences. On at 12:13 pm the Owner stated that, on she called Resident #2's social worker after the altercation occurred. She stated the social worker informed her Resident#2 had a history of hitting other residents in the past at other facilities. The Owner further stated "I was in the kitchen, and I heard Resident #1 yelled and when I looked, I saw that Resident #2 hit Resident#1. I did not know that Resident #2 had a history of hitting other residents. When I called the social worker, she stated this makes the third time [she] has hit someone. Sometimes, she will hit residents without being provoked". A review of the Resident #2's health assessment	A 025		

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A 025	Continued From page 4 dated revealed diagnoses of ( ), ( ), , and II. Review of Resident #2 admission records dated revealed medications to be prescribed included, 50 mg, for , 5 mg, and 50 mg twice a day for . Review of the medication observation record showed Resident #2 was prescribed 50 mg, for , 5 mg, and 50 mg twice a day for . On at 12:10 PM the administrator stated Resident #2 did not receive the prescribed medications from through . She stated the prescription for and was not filled. On at 12:15 pm the owner stated, she contacted Resident #2 social worker who instructed her to call the pharmacy to refill the 50 mg, 5 mg, and 50 mg. The Owner stated, she contacted different pharmacies and none of them would give her the medication because of the issue with resident's medical insurance. The Owner also stated, "I tried to reach the doctor but, none of them would take her insurance so there was no doctor to call". The Owner confirmed Resident#2 did not take medications as prescribed. Further review of Resident#2's medication observation record revealed the resident was prescribed injection 50 unit	A 025		

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A 025	Continued From page 5 subacute for three times a day and 100 units at bedtime. 0.5%, 600 mg, 10 mg, 750 mg, Multi- , 50 mg, and 10 mg. Medication observation record review showed Resident#2 did not receive prescribed medications on and . On at 12:15 pm the owner acknowledged Resident#2 did not receive medications injection, , , , , Multi- , and on and . Class II	A 025		
A 027 SS=G	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , and remind residents about scheduled for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a health care provider.	A 027		

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A 027	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist three out nine residents with arrangements for health services (Resident#1, #2, #3). The facility failed to arrange a follow up care for Resident#1. Resident #1 was hit by another resident that caused a to the and to , and required follow up care in two days. The facility failed to arrange prescription refill for Resident#2. Resident #2 did not receive prescribed medications for two months. The facility failed to arrange for a third-party service to assist with administering prescribed order for for Resident#3. Findings Included: 1) Review of Resident#1's urgency care medical records revealed Resident#1 had a without foreign body or other part of and of . The record also revealed the resident needed to be seen by physician within two days. Review of Resident #1 medical records showed no documentation that the resident received follow up care or seen by a physician in two days. 2) Review of Resident#2's medical records showed resident was prescribed 50 mg, for 5 mg, and 50 mg twice a day for . On at 12:15 pm the Owner stated	A 027		

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A 027	Continued From page 7 Resident#2 prescription was not filled due to issues with insurance. Further review of Resident #2 medication observation records showed resident was prescribed , injection 50 units subcute for 3 times a day and 100 units at bedtime, 0.5%, , 600 mg, 10 mg., 750 mg., , 50mg., 10 mg. The medication observation records showed staff initial the medication log as received up until . The medication observation record showed Resident #2 did not receive the prescribed medications on and . 3) On at 12:10 pm, observed 4 boxes of syringes in the medication cabinet that belonged to Resident #3 who was no longer at the facility. A review of Resident#3 medication observation record dated showed the resident was prescribed twice a day. On at 12:47 pm, Staff A stated Resident#3 had the but never took it. She said the resident's physician ordered that the resident could give the himself. Review of Resident#3's health assessment dated revealed diagnosis of type 2 and Resident needed assistance with self-administration of medications.	A 027		

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A 027	Continued From page 8 In an interview with Resident#3's physician on [redacted] at 4:31 pm, she stated, "My last visit with resident#3 was on [redacted]. It was the first time since [redacted], because of COVID-19. His [redacted] has always been high and still isn't completely under control. In [redacted], I changed the prescription of his medication [redacted] because he (Resident #3) stated he was not taking the [redacted]. "He stated he wasn't comfortable using the valve and syringe and the facility wouldn't administer the [redacted] for him, so I switched the admission of [redacted] ([redacted]) from the syringe to the pen". Review of the facility records revealed no documentation of contacting the doctor to ask for home health services for the [redacted] on the resident's behalf. Class II	A 027		
A 030 SS=D	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	A 030		

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A 030	Continued From page 9 complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own	A 030		

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A 030	Continued From page 10 sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the 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	A 030		

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A 030	Continued From page 11 personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's 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	A 030		

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A 030	Continued From page 12 for health care services, the provision of or arrangement of transportation to health care [illegible], 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 [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an 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 [illegible], 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, [illegible], 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	A 030		

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A 030	Continued From page 13 telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that	A 030		

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A 030	Continued From page 14 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, record review and interview, the facility failed to honor resident's right by allowing one out of nine sampled residents to perform work in the facility without being compensated in compliance with state and federal wage law (Resident#5). The facility failed to follow control standards related to COVID-19 and Florida Governor's emergency order DEM Order 20-006, dated . The staff allowed agency representatives to enter the facility without conducting the COVID-19 control screening. Finding Included: 1) On at 11:20 am, observed Resident#5 cleaning the facility's bathroom and another resident's bedroom. On at 11:22 am Resident#5 stated," I clean the bedrooms, bathroom and help cook. On at 12:42 pm Owner stated, "We don't pay her". A review of Resident#5's health assessment dated showed the resident was diagnosed with , / Major . The resident was independent with all the activities of daily living. The resident needed assistance with medication. Further review of the health record showed no	A 030		

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A 030	Continued From page 15 documentation that the resident cleaning and cooking was part of a volunteer, activities or treatment plan. 2) The COVID-19 is a transmissible , , that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, , , , , and . See generally, Publications of the Centers for Control (CDC). On , the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of COVID-19 and its impact. Pursuant to that authority, emergency orders have been issued by the Florida Division of Emergency Management to implement the protections necessary to assure the health, safety, and well-being of Florida's citizenry, including those most to the effects of . Among those emergency orders was DEM Order 20-006, dated , , delineating minimum screening standards for persons entering identified residential facilities. The Agency for Health Care Administration (AHCA) has issued guidance and clarification on DEM Order 20-006 to providers, and on , issued an alert notifying nursing homes that all staff or other individuals admitted to a residential facility must don masks and that caregivers must wear gloves when providing resident care. While the treatment and management of residents with and the implementation of isolation precautions for such events are a long-standing health care issues faced by residential facilities, the ease of	A 030		

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A 030	Continued From page 16 contagion and the effects of presented by COVID-19 mandate that providers exert meticulous practice and procedure to identify resident symptoms and take immediate procedures to both assure appropriate treatment of a potentially resident and protect the remainder of a facility's population from the risk of spread of the . On at 10:47 am observed staff C open the door and lead the agency representatives in the facility. Staff C did not screen the agency representatives with a COVID-19 questionnaire, take their temperatures, or instruct the visitors to sign in visitor's log. On at 10:51 am, observed Staff C with disposable mask covering her , leaving her uncovered. During an interview on at 10:53 am, Staff C apologized for wearing the mask incorrectly. Staff C covered her with the disposable mask On at 2:39 pm Staff A stated, she believed Staff C had just forgot to conduct the screening because of all of what was going on at the time. Class III	A 030		
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 residents to remain as independent as possible,	A 055		

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A 055	Continued From page 17 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 being kept in a locked container within the	A 055		

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A 055	Continued From page 18 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. (g) Facilities that hold a Special-ALF permit	A 055		

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A 055	Continued From page 19 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 dispose resident's medications that have been abandoned for over 30 days. Findings included: Observation on [redacted] at 10:45 AM showed a bottle of [redacted] and [redacted], inside the refrigerator with no label. Observation on [redacted] at 11:00 AM showed there was a package of [redacted] syringes in the medication cabinet with no label. On [redacted] at 11:15 AM, Staff C stated the [redacted] and [redacted], and [redacted] syringes belonged to Resident # 3 who was no longer at the facility. Review of facility records for Resident #3 revealed he was discharged from the facility on [redacted]. Class III	A 055		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they	A 056		

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A 056	Continued From page 20 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 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	A 056		

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A 056	Continued From page 21 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, 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.	A 056		

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A 056	Continued From page 22 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure stored prescription medications were properly labeled. The facility failed to ensure that prescriptions were filled in a timely manner for one out of nine sampled residents (Resident #2). Findings included: Observation on at 10:45 AM showed a bottle of and inside the refrigerator with no label. On at 11:15 AM, Staff C stated the and belonged to Resident # 3 who was no longer at the facility. Review of facility records for Resident #3 revealed he was discharged from the facility on . Review of Resident #2 admission records dated revealed medications to be prescribed included, 50 mg, for , 5 mg, and 50 mg twice a day for . Review of the medication observation record showed Resident #2 was prescribed 50 mg, for , 5 mg, and 50 mg twice a day for . On at 12:10 PM the administrator stated Resident #2 prescription for , and was not filled from through .	A 056		

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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 056	Continued From page 23 Class III	A 056		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND [illegible] ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview the facility failed to ensure staff who had completed First Aid and [illegible] ( ) training and hold a current valid card was in the facility at all times. Findings included: On [illegible] at 10:47 AM observed Staff C to be	A 083		

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	AL11969549	A. BUILDING: _____ B. WING _____	08/31/2020

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A 083	Continued From page 24 the only person in the facility alone taking care of six residents. Record review of Staff C personnel files revealed a First Aid and . card dated . . . . The card expired on . On at 11:46 AM Staff C stated, "I work Mondays through Fridays 7 AM to 7 PM. There is usually always someone here with me. Today the Administrator and the assistant had to go to the doctor to have surgery. If it was not for that they would be here." On . . . . . at 4:30 PM the Administrator acknowledged that Staff C did not have the updated . and First Aid training. Class III	A 083		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if	A 162		

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A 162	Continued From page 25 applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S.	A 162		

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A 162	Continued From page 26 (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 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,	A 162		

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A 162	Continued From page 27 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 review and interview the facility failed to ensure that resident records include a copy of the written informed consent for unlicensed staff assisting the resident with the self-administration of medication for one out of nine (Resident #1) sampled residents. The facility failed to have a completed health assessment for four out of nine (Resident # 1, #3, #4 and #6) sampled residents. Findings include: Review of Resident's #1 record showed the resident was admitted on . The health assessment dated showed the resident was independent with ambulation,	A 162		

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A 162	Continued From page 28 bathing, [illegible] and eating. The physician did not indicate the type of assistance the resident needed with grooming, toileting and transferring. There was no documentation of resident's diet, physical, or sensory limitations, [illegible] or behavioral status, nursing/ treatment/ [illegible] services and special precautions. The record did not have documentation of the written informed consent for unlicensed staff assisting the residents with self-administration of medications. Review of Resident #3's showed resident was admitted on [illegible] and discharged [illegible]. The health assessment dated [illegible] showed the physician did not indicate the type of assistance the resident needed with ambulation. There was no documentation of [illegible] or behavioral status, and special precaution. Review of Resident #4's record showed the resident was admitted on [illegible]. The health assessment did not indicate the date that the assessment was completed. Review of Resident #6's record showed the resident was admitted on [illegible]. The health assessment dated [illegible] showed the physician did not indicated resident's physical or sensory limitations, [illegible] behavioral status, and special precaution. On [illegible] at 12:55 PM, Staff C confirmed that the health assessments of Resident #1, #3, #4 and #6 were incomplete and that she assisted Resident #1 with the self-administration of medications. Class III	A 162		

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AL240	Continued From page 29	AL240		
AL240 SS=D	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a Limited Mental Health license before admitting mental health residents for one out of nine (Resident #8) sampled residents. Findings Include: Record review of Resident #8 health assessment dated indicated the resident was diagnosed with . Interview conducted on at 9:25 AM, Staff A stated Resident #8 received payment. Review of the facility license showed the facility	AL240		

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AL240	Continued From page 30 did not have a limited mental health license. Class III	AL240		