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
	AL11965534	A. BUILDING: _____ B. WING _____	09/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMPERIAL CLUB	2751 NE 183 STREET AVENTURA, FL 33160

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A 000	Initial Comments A complaint investigation (#20320007067 and #2020005896) and revisit survey was conducted at Imperial Club on . The facility had deficiencies at the time of the 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 independently in the community.	A 025		

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A 025	Continued From page 1 (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 record review and interview, the facility failed to maintain awareness of the general whereabouts of one out of 5 sampled residents (Resident #1). Resident #1 was consistently leaving the facility and the staff was unaware of the resident's location. Findings included: A review of Resident #1's health assessment (AHCA Form 1823) completed on revealed diagnoses of D deficiency, and 's Review of progress notes dated revealed "Resident was seen today by [ARNP]. No changes to medication at this time. Will continue to monitor resident. Staff will continue to do 2-hour checks on the resident." Review of facility notes dated revealed	A 025		

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A 025	Continued From page 2 "Resident #1 walked the floors all night accessed the pantry for snacks . We had to repeatedly usher him to his room. He kept asking for , 60 mg, a pill that is scheduled for 9 AM. He did not get it." Review of facility notes dated revealed "Resident #1 left today right after breakfast and came after 7 and keeps knocking on every room door on the fifth floor." Review of facility notes dated revealed "Resident #1 went out and I did not know where he went. When I went to give him his medication, I did not see him." Review of facility notes date revealed "Resident #1 is still on the run asking for his meds to leave, called every pharmacy and doctor he could and stated that he spoke with the director and DON to authorize his meds." Record review of Resident #1's progress notes dated showed that the resident continued to leave the building daily by jumping the fence. During an interview on at 12:55 PM Staff A stated that she did not know where the resident was going during the time he was jumping the fence to leave the facility but she spoke to the resident's dad and the dad knew that the resident was at a doctor's office. Record review revealed that the facility contacted a , , who met with the resident. There was no documentation that the facility further intervened when Resident #1's behaviors of disturbing other residents, attempting to get medication, and leaving the facility without	A 025		

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A 025	Continued From page 3 notifying the staff of his whereabouts continued. On . . . . . at 2:13 PM Staff B stated Resident #1 was not allowed in the building because there were signs on the front door stating that 'if you leave the facility, the doors are only open between 3 PM, 11 PM, and 7 AM.' The resident was allowed to return to the facility the next day. Review of Resident #1's progress notes dated revealed the resident returned to the facility late the evening before, and was not allowed in. The note further stated that the Resident called his mother and spent the night at her house last night. The note said that the mother apologized several times for her son's behavior, but she stated that he could not come . . . and spend time in her building. Further review of the record showed that Resident #1 returned to the facility at around noon the next day. Class II	A 025		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 028		

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A 028	Continued From page 4 facility failed to provide assistance with activities of daily living (bathing) on one of three sample residents (SR#1) as stipulated in the resident care plan. The Findings included: SR#1 is a resident in an Assisted Living Facility. The resident has a medical diagnosis of and . The resident needs assistance with Activities of Daily Living- Bathing. A review of the Daily Assignment Sheet on showed that resident received assistance with bathing on the following dates: A. From to - received assistance on and B. From to - received assistance on and C. From to - received assistance on and D. On , the resident received assistance with bathing. A review of the Assisted Living Care Plan dated showed that the resident required bathing assistance required 3 times per week. During an interview with Staff A on at 2:52 PM, regarding assistance with bathing, Staff A stated that Resident #1 got a shower on . She stated that bathing in the facility was done every other day (three times per week) unless the resident requested additional days. Class 3	A 028		

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A 055	Continued From page 5	A 055		
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, 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	A 055		

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A 055	Continued From page 6 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 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	A 055		

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A 055	Continued From page 7 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 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 and interview, the facility failed to ensure that all medications were kept locked at all times. Findings Included: On [redacted] at 11:32 AM, observed an unlocked medication cart with residents' medications stored. The key was observed in the lock of the cart, which was located in the fifth-floor hallway. During an interview on at 11:32 AM Staff C stated that she just walked away from the cart. Class III	A 055		
A 190 SS=D	59A-36.023( ) & (3)(b) FAC; 429.14(6) Administrative Enforcement 59A-36.023( ) & (3)(b) FAC Facility staff must cooperate with agency personnel during surveys, complaint investigations, monitoring visits, license application and renewal procedures and other activities necessary to ensure compliance with Part II, Chapter 408, F.S., Part I, Chapter 429,	A 190		

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A 190	Continued From page 8 F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (1) Abbreviated Survey. (a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman program complaints, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date, is eligible for an abbreviated biennial survey by the agency. For the purpose of this rule, a confirmed long-term care ombudsman program complaint is a complaint that is verified and referred to a regulatory agency for further action. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency must inform the facility that it is eligible for an abbreviated survey, and that an abbreviated survey will be conducted. (b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities: 1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria; 2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property; 3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights; 4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with the activities of daily living, and arrangement for , , and transportation to , ; 5. Section 429.256, F.S., and Rule 58A-5.0185,	A 190		

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A 190	Continued From page 9 F.A.C., relating to assistance with or administration of medications; 6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs; 7. Section 429.41, F.S., and Rule 58A-5.020, F.A.C., relating to minimum dietary requirements and proper food hygiene; 8. Section 429.075, F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents' community support living plan; 9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and 10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing services license. (c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or welfare of residents are identified during the abbreviated survey. The facility must be informed when a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted: 1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident; 2. Violations relating to staffing standards or resident care standards that adversely affect the health, safety, or welfare of a resident; 3. Violations relating to facility staff rendering services for which the facility is not licensed; or 4. Violations relating to facility medication practices that are a threat to the health, safety, or welfare of a resident.	A 190		

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A 190	Continued From page 10 (2) Survey Deficiency. (a) Before or in conjunction with a notice of violation issued pursuant to Part II, Chapter 408, F.S., and Section 429.19, F.S., the agency shall issue a statement of deficiency for class I, II, III, and violations which are observed by agency personnel during any inspection of the facility. The deficiency statement must be issued within 10 working days of the agency's inspection and must include: 1. A description of the deficiency; 2. A citation to the statute or rule violated; and 3. A time frame for the correction of the deficiency. (b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency before the expiration of the time frame included in the agency's statement. (3(b) Dietary Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a registered or licensed dietitian, or a licensed nutritionist. 2. The initial on-site consultant visit must take place within seven working days of the notice of a class I or II deficiency or within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license or registration of the consultant dietitian or nutritionist and the consultant's signed and dated review of the facility's corrective action plan, if a	A 190		

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A 190	Continued From page 11 plan is required by the agency, no later than 10 working days after the initial on-site consultant visit. 3. If a corrective action plan is required, the facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator, that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and consultant services are no longer required. The agency must provide the facility with written notification of such determination. 429.14 (6) As provided under s. 408.814, the agency shall impose an immediate moratorium on an assisted living facility that fails to provide the agency with access to the facility or prohibits the agency from conducting a regulatory inspection. The licensee may not restrict agency staff from accessing and copying records at the agency's expense or from conducting confidential interviews with facility staff or any individual who receives services from the facility. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide timely access to records during an unannounced complaint investigation. Findings Included: On . . . . . at 11:45 AM Staff B stated COVID-19 staff and third-party staff test results were locked in the administrator's office and she did not have access because the administrator was not in.	A 190		

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A 190	Continued From page 12 On . . . . . at 12:29 PM Staff B was asked to provide progress notes for Residents #3, #4, and #5. During an interview on . . . . . at 12:29 PM Staff B stated all recent progress notes are online and they sometimes delete once a resident is discharged from the facility. On at 12:39 PM Staff B was asked to provide the Medication Observation Record (MOR) for Resident #1. During an interview on at 12:39 PM Staff B stated since Resident #1 was discharged, the computer system already deleted his MOR. On at 12:39 PM Staff B was asked to provide personnel records for Staff G. During an interview on . . . . . at 12:39 PM Staff B stated that all personnel records are locked in the administrator's office and she did not have access to it. During a telephone interview on at 1:12 PM the administrator stated she was not aware that progress notes or Medication Observation Records delete from the computer system once a resident is discharged. On at 2:28 PM the administrator arrived at the facility and provided access to personnel records and COVID-19 staff and third-party staff test results. Class III	A 190		

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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 025	Continued From page 1 (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 record review and interview, the facility failed to maintain awareness of the general whereabouts of one out of 5 sampled residents (Resident #1). Resident #1 was consistently leaving the facility and the staff was unaware of the resident's location. Findings included: A review of Resident #1's health assessment (AHCA Form 1823) completed on revealed diagnoses of D deficiency, and 's Review of progress notes dated revealed "Resident was seen today by [ARNP]. No changes to medication at this time. Will continue to monitor resident. Staff will continue to do 2-hour checks on the resident." Review of facility notes dated revealed	A 025		

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	AL11965534	A. BUILDING: _____ B. WING _____	09/02/2020

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A 025	Continued From page 2 "Resident #1 walked the floors all night accessed the pantry for snacks . We had to repeatedly usher him to his room. He kept asking for 60 mg, a pill that is scheduled for 9 AM. He did not get it." Review of facility notes dated revealed "Resident #1 left today right after breakfast and came after 7 and keeps knocking on every room door on the fifth floor." Review of facility notes dated revealed "Resident #1 went out and I did not know where he went. When I went to give him his medication, I did not see him." Review of facility notes date revealed "Resident #1 is still on the run asking for his meds to leave, called every pharmacy and doctor he could and stated that he spoke with the director and DON to authorize his meds." Record review of Resident #1's progress notes dated showed that the resident continued to leave the building daily by jumping the fence. During an interview on at 12:55 PM Staff A stated that she did not know where the resident was going during the time he was jumping the fence to leave the facility but she spoke to the resident's dad and the dad knew that the resident was at a doctor's office. Record review revealed that the facility contacted a , , who met with the resident. There was no documentation that the facility further intervened when Resident #1's behaviors of disturbing other residents, attempting to get medication, and leaving the facility without	A 025		

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A 025	Continued From page 3 notifying the staff of his whereabouts continued. On . . . . . at 2:13 PM Staff B stated Resident #1 was not allowed in the building because there were signs on the front door stating that 'if you leave the facility, the doors are only open between 3 PM, 11 PM, and 7 AM.' The resident was allowed to return to the facility the next day. Review of Resident #1's progress notes dated revealed the resident returned to the facility late the evening before, and was not allowed in. The note further stated that the Resident called his mother and spent the night at her house last night. The note said that the mother apologized several times for her son's behavior, but she stated that he could not come . . . and spend time in her building. Further review of the record showed that Resident #1 returned to the facility at around noon the next day. Class II	A 025		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 028		

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A 028	Continued From page 4 facility failed to provide assistance with activities of daily living (bathing) on one of three sample residents (SR#1) as stipulated in the resident care plan. The Findings included: SR#1 is a resident in an Assisted Living Facility. The resident has a medical diagnosis of and . The resident needs assistance with Activities of Daily Living- Bathing. A review of the Daily Assignment Sheet on showed that resident received assistance with bathing on the following dates: A. From to - received assistance on and B. From to - received assistance on and C. From to - received assistance on and D. On , the resident received assistance with bathing. A review of the Assisted Living Care Plan dated showed that the resident required bathing assistance required 3 times per week. During an interview with Staff A on at 2:52 PM, regarding assistance with bathing, Staff A stated that Resident #1 got a shower on . She stated that bathing in the facility was done every other day (three times per week) unless the resident requested additional days. Class 3	A 028		

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A 055	Continued From page 5	A 055		
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, 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	A 055		

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A 055	Continued From page 6 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 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	A 055		

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A 055	Continued From page 7 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 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 and interview, the facility failed to ensure that all medications were kept locked at all times. Findings Included: On [redacted] at 11:32 AM, observed an unlocked medication cart with residents' medications stored. The key was observed in the lock of the cart, which was located in the fifth-floor hallway. During an interview on at 11:32 AM Staff C stated that she just walked away from the cart. Class III	A 055		
A 190 SS=D	59A-36.023( ) & (3)(b) FAC; 429.14(6) Administrative Enforcement 59A-36.023( ) & (3)(b) FAC Facility staff must cooperate with agency personnel during surveys, complaint investigations, monitoring visits, license application and renewal procedures and other activities necessary to ensure compliance with Part II, Chapter 408, F.S., Part I, Chapter 429,	A 190		

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A 190	Continued From page 8 F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (1) Abbreviated Survey. (a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman program complaints, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date, is eligible for an abbreviated biennial survey by the agency. For the purpose of this rule, a confirmed long-term care ombudsman program complaint is a complaint that is verified and referred to a regulatory agency for further action. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency must inform the facility that it is eligible for an abbreviated survey, and that an abbreviated survey will be conducted. (b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities: 1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria; 2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property; 3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights; 4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with the activities of daily living, and arrangement for , , and transportation to , ; 5. Section 429.256, F.S., and Rule 58A-5.0185,	A 190		

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A 190	Continued From page 9 F.A.C., relating to assistance with or administration of medications; 6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs; 7. Section 429.41, F.S., and Rule 58A-5.020, F.A.C., relating to minimum dietary requirements and proper food hygiene; 8. Section 429.075, F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents' community support living plan; 9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and 10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing services license. (c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or welfare of residents are identified during the abbreviated survey. The facility must be informed when a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted: 1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident; 2. Violations relating to staffing standards or resident care standards that adversely affect the health, safety, or welfare of a resident; 3. Violations relating to facility staff rendering services for which the facility is not licensed; or 4. Violations relating to facility medication practices that are a threat to the health, safety, or welfare of a resident.	A 190		

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A 190	Continued From page 10 (2) Survey Deficiency. (a) Before or in conjunction with a notice of violation issued pursuant to Part II, Chapter 408, F.S., and Section 429.19, F.S., the agency shall issue a statement of deficiency for class I, II, III, and violations which are observed by agency personnel during any inspection of the facility. The deficiency statement must be issued within 10 working days of the agency's inspection and must include: 1. A description of the deficiency; 2. A citation to the statute or rule violated; and 3. A time frame for the correction of the deficiency. (b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency before the expiration of the time frame included in the agency's statement. (3(b) Dietary Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a registered or licensed dietitian, or a licensed nutritionist. 2. The initial on-site consultant visit must take place within seven working days of the notice of a class I or II deficiency or within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license or registration of the consultant dietitian or nutritionist and the consultant's signed and dated review of the facility's corrective action plan, if a	A 190		

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A 190	Continued From page 11 plan is required by the agency, no later than 10 working days after the initial on-site consultant visit. 3. If a corrective action plan is required, the facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator, that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and consultant services are no longer required. The agency must provide the facility with written notification of such determination. 429.14 (6) As provided under s. 408.814, the agency shall impose an immediate moratorium on an assisted living facility that fails to provide the agency with access to the facility or prohibits the agency from conducting a regulatory inspection. The licensee may not restrict agency staff from accessing and copying records at the agency's expense or from conducting confidential interviews with facility staff or any individual who receives services from the facility. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide timely access to records during an unannounced complaint investigation. Findings Included: On . . . . . at 11:45 AM Staff B stated COVID-19 staff and third-party staff test results were locked in the administrator's office and she did not have access because the administrator was not in.	A 190		

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A 190	Continued From page 12 On . . . . . at 12:29 PM Staff B was asked to provide progress notes for Residents #3, #4, and #5. During an interview on . . . . . at 12:29 PM Staff B stated all recent progress notes are online and they sometimes delete once a resident is discharged from the facility. On at 12:39 PM Staff B was asked to provide the Medication Observation Record (MOR) for Resident #1. During an interview on at 12:39 PM Staff B stated since Resident #1 was discharged, the computer system already deleted his MOR. On at 12:39 PM Staff B was asked to provide personnel records for Staff G. During an interview on . . . . . at 12:39 PM Staff B stated that all personnel records are locked in the administrator's office and she did not have access to it. During a telephone interview on at 1:12 PM the administrator stated she was not aware that progress notes or Medication Observation Records delete from the computer system once a resident is discharged. On at 2:28 PM the administrator arrived at the facility and provided access to personnel records and COVID-19 staff and third-party staff test results. Class III	A 190		