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
	AL11966615	A. BUILDING: _____ B. WING _____	09/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA SERENA III	1777 NW 30 STREET MIAMI, FL 33142

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An Abbreviated Biennial Survey was conducted on . . . . . and concluded on . . . . . at Villa Serena III. Deficiencies were identified at the time of the 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 and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (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 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	A 030		

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A 030	Continued From page 2 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. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3 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 relocation must be set forth in writing and	A 030		

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A 030	Continued From page 4	A 030		

provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. 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

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A 030	Continued From page 5 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 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 follow current control standards from the Centers for Control and Prevention (CDC) related to COVID-19 (Coronavirus 2019) and Florida Governor's emergency orders DEM Order 20-006, dated . Seven residents tested positive for the COVID-19	A 030		

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A 030	Continued From page 6 (Residents #1, #2, #4, #5, #6, and #7) following Staff A testing positive. The facility further placed residents at risk of exposure to the COVID-19 by having positive Staff A caring for negative residents (Residents #8, #9, #10, #11, and #12). The facility failed to regard the privacy needs of two of seven sampled residents (Resident #10 and #11). Emergency supplies for the facility were stored in the Residents' room, and Resident #10 used a bedside in full view of Resident #11. Findings included: 1) 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 and Prevention (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 the COVID 19 . Among those emergency orders was DEM Order 20-006, dated , , delineating minimum screening standards for persons entering identified residential facilities. The Centers for Control and Prevention referred to Assisted Living Facility's high risk of	A 030		

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A 030	Continued From page 7 COVID-19 spread to residents and stated: "Given their congregate nature and population served, assisted living facilities (ALF) are at high risk of COVID-19 spreading and affecting their residents. If with SARS-CoV-2 (Severe Acute Coronavirus 2), the that causes COVID-19, assisted living residents-often older adults with underlying medical conditions-are at increased risk of serious illness." Observation on at 7:10 AM revealed Staff A and Staff B wearing a surgical mask and gloves. On at 7:10 AM Staff A, the House Manager, stated seven of their residents were at an isolation center due to being positive for COVID-19. Staff A further stated the 'got into the facility through the staff', but said there were no positive or suspected cases of COVID-19 with staff or residents at this time. A review of the House Manager's job description showed that the position was responsible for 'making sure that things were done correctly' with regard to cleaning, organizing, maintenance and medications, including reordering, documenting, receiving and organizing medications. The person in the position was also to ensure that 'all processes from DOH [the Department of Health] are being followed,' and that the facility complied with regulations from the Agency for Health Care Administration and DOH. The House Manager was responsible for establishing and implementing residents' care plans. Observation on from 7:30 am to around 10:30 am showed Staff A assisting residents with medication, ambulation, and meals, and also	A 030		

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A 030	Continued From page 8 cleaning the facility. During an interview on at 9:50 AM the Compliance Manager stated that all resident rooms were professionally and sanitized on . A review of the facility's COVID-19 test results revealed that Staff B and Staff D tested positive for COVID-19 on . Further review revealed that Staff A tested positive for COVID-19 on . During an interview on at 8:03 am, Staff A stated that she returned to work 6 days after the positive diagnosis, on . A further review of the facility's COVID-19 test results binder showed that Staff A was listed as 'on vacation' from through , then the staff signed in for work and documented her absence of symptoms again starting on . According to the Centers for Control and Prevention (CDC) on , guidelines for healthcare professionals to return to work, "healthcare professionals who are not severely , and were , throughout their may return to work when at least 10 days have passed since the date of their first positive diagnostic test." During an interview on at 8:03 AM Staff A stated that "if you are , you can come to work; you don't have to wait 10 days." During an interview on at 8:42 AM the Compliance Manager stated that Staff A cared for all of the residents in the facility. The Compliance Manager further stated that Staff A worked	A 030		

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A 030	Continued From page 9 Monday through Saturday from 7:00 AM-5:30 PM. Review of the facility's COVID-19 binder revealed Staff A had a handwritten document dated or that appeared to be a negative IGG and IGM , test result. The form wasn't signed by a physician or laboratory personnel. The dates appeared to be changed and the numbers were written over. Printed material on the test result stated "The form documents these rapid results are part of a clinical study and are for research purposes only. You should not use these results as an indication of your current state of health. If you have or suspect you may have SARS-COVID 19 please follow up with your primary care provider." There was no documentation that staff A followed up with her primary care provider. Further review of the facility's COVID-19 binder revealed that seven residents, Resident #1, #2, #3, #4, #5, #6, and #7 tested positive for COVID-19 on , three days after Staff A received a positive result. During an interview on at 9:36 AM the Compliance Manager stated that Resident #1, #2, #3, #4, #5, #6, and #7 tested positive for COVID-19 on and were sent to Miami Care Center-Isolation center to , on . Record review of the certificate of and sanitization revealed an effective date of with an expiration of . There was no documentation of after when Residents #1 through #7 tested positive for COVID-19. During an interview on at 9:45 AM the	A 030		

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A 030	Continued From page 10 Compliance Manager stated that after Staff A tested positive, she provided a negative result, so she thought Staff A could return to work. The Compliance Manager further stated that she was about when the staff could return to work. Observation on at 7:30 AM revealed Staff B prepared and served breakfast to Residents #8, #9, and #12. On at 7:42 AM observation revealed Staff B assisting Resident #11 to ambulate to the bathroom. Staff B was not observed changing her gloves after preparing and serving food to the residents. On at 7:42 AM Staff B stated she was going to bathe Resident #11. Staff B did not change her gloves before or after bathing Resident #11. On at 7:52 AM Staff B was observed preparing and serving breakfast to Residents #10 and #11. Observation on at 8:23 AM revealed Staff A received a phone call. After the phone call, Staff A and Staff B put on a gown and shield. Staff B changed was observed changing her gloves for the first time since 7:30 am. Staff B did not perform hygiene in between these multiple task. CDC.gov recommends everyone should wash their often. CDC.gov Hygiene in Healthcare Settings documents: hygiene is an important part of the U.S. response to the international emergence of COVID-19. Practicing hygiene, which includes the use of -based rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of , and	A 030		

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A 030	Continued From page 11 . . . . . in healthcare settings. CDC recommendations reflect this important role. During an interview on at 8:47 AM Staff A stated that all staff wore the gown and . . . shield when they were cleaning the facility. During an interview on at 9:05 AM the Compliance Manager stated that it was facility policy for all staff to wear a shield, mask, and gloves while working at the facility. She further stated this was the recommendation given to her by the Department of Health. On . . . . . at 10:40 AM observed Resident #10 seated in the living room with Resident #12 without properly using his . . . mask; the resident had the mask around his . During the survey on from 7:15 am through 10:40 am, observation revealed Resident #10 and Resident #11 walk throughout the facility, dining area, and hallways without wearing a . . . mask. Resident #11 was observed with his mask on the arm of his walker. 2) Observation on . . . . . at 7:45 AM revealed the emergency food supply located inside of room six which housed Resident #10 and Resident #11. During an interview on . . . . . at 10:10 AM the Compliance Manager stated there "was no other space in the facility to store the emergency food that is why they are storing the food in with Residents #10 and #11." Observation on . . . . . at 8:00 AM revealed an open container in room six near Resident #10's bedside.	A 030		

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A 030	Continued From page 12 During an interview on . . . . . at 10:24 AM the Compliance Manager stated that Resident #10 did not want to get up in the middle of the night to use the bathroom, so he used the . Observation on at 10:27 AM revealed Staff A erect a room divider in . . between Resident #10 and Resident #11. Class I	A 030		
A 078 SS=J	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual	A 078		

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A 078	Continued From page 13 must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record	A 078		

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	AL11966615	A. BUILDING: _____ B. WING _____	09/15/2020

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A 078	Continued From page 14	A 078		

review, the facility failed to ensure three out of four sampled staff (Staff A, Staff B, and Staff D) had a written statement from a healthcare provider indicating that they do not constitute a risk of transmitting a communicable [illegible] Staff A, Staff B, and Staff D returned to work after testing positive for COVID-19.

Findings Included:

The COVID-19 [illegible] is a transmissible [illegible] that presents severe risk to persons who are aged, infirm, or suffer from co- [illegible] including, but not limited to, [illegible] system deficiency, [illegible], and [illegible]. See generally, Publications of the Centers for [illegible] Control and Prevention (CDC).

The Centers for [illegible] Control and Prevention referred to Assisted Living Facility's high risk of COVID-19 spread to residents and stated: "Given their congregate nature and population served, assisted living facilities (ALF) are at high risk of COVID-19 spreading and affecting their residents. If [illegible] with SARS-CoV-2(Severe Acute [illegible] Coronavirus 2), the [illegible] that causes COVID-19, assisted living residents-often older adults with underlying [illegible] medical conditions-are at increased risk of serious illness."

Observation on [illegible] revealed Staff A and Staff B were at the facility caring for 5 residents.

Record review revealed Staff B and Staff D tested positive for COVID-19 on [illegible] and returned to work on [illegible].

Record review revealed Staff A tested positive for

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A 078	Continued From page 15 COVID-19 on [redacted] and returned to work on [redacted]. During an interview on [redacted] at 9:36 AM the Compliance Manager stated that Resident #1, #2, #3, #4, #5, #6, and #7 tested positive for COVID-19 on [redacted] and were sent to Miami Care Center-Isolation center to [redacted], on [redacted]. The compliance manager further stated that she was [redacted] about when the staff could return to work. There was no evidence of a written statement from a health care provider documenting that Staff A, B or D did not constitute a risk of transmitting a communicable [redacted]. Record review of the staff schedule revealed Staff A was scheduled to work Monday through Saturday from 7:00 AM-5:30 PM. Staff B was scheduled to work Monday, Tuesday, Wednesday and Saturday from 6:00 AM-6:00 AM. Staff D was scheduled to work Thursday, Friday and Sunday from 6:00 AM -6:00 PM and Saturday from 7:00 AM-5:00 PM. On [redacted] at 8:42 AM the compliance manager confirmed the staff schedule. On [redacted] at 9:45 AM the compliance manager acknowledged that Staff A, Staff B, and Staff D did not have a written statement from a health care provider documenting that they did not constitute a risk of transmitting a communicable [redacted]. Class I	A 078		

Agency for Health Care Administration

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AL241	Continued From page 16	AL241		
AL241	429.075( ); 59A-36.020(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying out the activities identified in the resident's community living support plan. (4) A facility that has a limited mental health license may enter into a , agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager.	AL241		

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AL241	Continued From page 17 59A-36.020 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security , or supplemental security income and as follows: a. An affirmative statement on the Alternate Care Certification for ( ) form, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or SSDI due to a mental , b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case	AL241		

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AL241	Continued From page 18 manager or other mental health care provider that the resident is an adult with severe and persistent mental . . . . . . The case manager or other mental health care provider must consider the following minimum criteria in making that determination: (I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or (II) The resident has been diagnosed as having a severe or persistent mental . . . . . . 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, ... nurse, or an individual supervised by one of these professionals. a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement: (I) Completed Alternate Care Certification for . . . . . (. . .) form, CF-ES Form 1006, (II) Discharge Statement from a state mental hospital completed no more than 90 days before admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or (III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and	AL241		

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AL241	Continued From page 19 will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that: a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community, b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services, c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities, d. Includes the [illegible] of the facility to facilitate and assist the resident in attending [illegible] and arranging transportation to [illegible] for the services and activities identified in the plan that have been provided or arranged for by the mental health care provider or case manager, e. Includes a description of other services to be provided or arranged by the facility, f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms [illegible] to the resident that indicate the	AL241		

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AL241	Continued From page 20 immediate need for professional mental health services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. , include the , Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document. 4. , Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement: a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.; c. , cover all mental health residents of the	AL241		

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AL241	Continued From page 21 facility who are clients of the same provider; and, d. , be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation 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 appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to have a completed Community Living Support Plan available for inspection in one out one sample resident (SR#11). Finding include: SR#11 is a Limited Mental Health resident living in an Assisted Living Facility. SR#11 has a mental health diagnosis of , . A review of SR#11 resident record on revealed that the Community Living Support Plan was not in the resident record. During an interview with Staff C on at 9:45 AM, Staff C confirmed that the Community Living Support Plan was not in the resident record.	AL241		