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
	AL11969022	A. BUILDING: _____ B. WING _____	09/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASSISTED LIVING FACILITY	2250 S SEMORAN BLVD ORLANDO, FL 32822

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey was conducted at Assisted Living Facility on . The provider had deficiencies at the time of the visit.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the	A 010		

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A 010	Continued From page 1 resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2). A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial	A 010		

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A 010	Continued From page 2 examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue	A 010		

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A 010	Continued From page 3 to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a new 1823 Health Assessment, AHCA Form from the healthcare provider to determine appropriateness for	A 010		

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A 010	Continued From page 4 continued residency after a significant change for 1 of 1 sampled resident (#1). Findings: Resident #1's record review revealed date of admission . An initial 1823 Health Assessment was on completed and then was admitted on Hospice care on , a significant change. There was no new 1823 Health Assessment AHCA form completed by the doctor for continued residency for admission for Hospice and an incomplete 1823 Health Assessment dated on file from when resident #1 went to the hospital. Furthermore, resident #1's medical conditions were Follicular Lymphoma, loss, and with behavioral disturbance. (Photographic Evidence Obtained) On at 2:30 PM, an interview with the Director of Nursing confirmed the finding. Class III	A 010		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an that is	A 052		

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A 052	Continued From page 5	A 052		

prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage , opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.
(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .
(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(h) Using a to perform level checks.
(i) Assisting with putting on and taking off stockings.
(j) Assisting with applying and removing an but not with titrating the prescribed settings.
(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the

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A 052	Continued From page 6 prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with [illegible] bags. (4) Assistance with self-administration does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.	A 052		

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A 052	Continued From page 7 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the	A 052		

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A 052	Continued From page 8 resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review the facility failed to ensure that unlicensed staff (A) followed the correct procedure when she assisted 1 resident (#9) with self-administration of medications. Findings:	A 052		

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A 052	Continued From page 9 Observations on at 10:15 AM noted staff A, an unlicensed staff assisted resident # 9 with self - administration of medications in the following manner: She had a cup with 6 and a half pills inside. She said she was passing medications for resident #9. She retrieved a bottle and poured a pill in the cup. She took the cup and a spray bottle and went to the resident's room. She told the resident "This is your medicine and everything else". She handed the cup to the resident and observed him take the medication and then signed the Medication Observation Record. She did not in the presence of the resident, confirm that the medications were intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. Resident record review for resident #1 revealed no evidence of a signed written waiver to opt out of being orally advised of the medication name and dosage. In an interview with the administrator on at 12:30 PM who said he was surprised that staff A did not follow the correct process. Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer	A 054		

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A 054	Continued From page 10 managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 3 of 6 sampled residents (#5 and #11) who required assistance with self-administered medications. Findings:	A 054		

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A 054	Continued From page 11 1. Record review for resident #5 revealed he required assistance with the self administration of medications Review of his MOR for revealed there were blank spaces and there was no explanation as to why the spaces were left blank as follows: , 300 milligrams (mg), , 15 mg, ... 50 mg all take 1 at bedtime were left blank at 8 PM from through . . D2 1.25 mg 1 capsule weekly on Thursday was left blank on . . . . . 10 mg 1 daily at 8 AM was left blank from through . . . . . 5 mg take one twice daily and Perforomist 20 microgram (mcg) inhale 1 vial via . . . . . both twice at 8 AM was left blank on through and on and and at 4 PM from . . . through . . . . On . . . . . at 3:45 PM the director of nursing confirmed the findings. 2. Resident record review for resident #11 revealed a health assessment report from 1823 dated . . . . that indicated he was able to self-administer medications. The . . and . . . . . MOR listed . . . . . 20 mg at bedtime effective . According to the MOR the medication was not given from . . . . . until because "med not available, med in . . . order, following up with pharmacy". The review revealed a healthcare provider's order . . dated indicated 20 mg at bedtime. A reconciliation of medication form dated and signed by the Advance Practice Registered Nurse (APRN) did not list the . There was no evidence the	A 054		

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A 054	Continued From page 12 medication had been re started by the healthcare provider after , and why was the facility working on a refill for 2 months. There was no order for the facility to assist with self-administration of medications. In an interview on /202 at 2 PM with the nursing supervisor who confirmed the findings. and added the facility had a new computer system for medications and the staff were probably and not selecting entries correctly. Class III	A 054		
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	A 055		

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A 055	Continued From page 13 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 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	A 055		

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A 055	Continued From page 14 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 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 observations and interview the facility failed to ensure medication that was discontinued but had not expired were returned to the resident or the resident's representative, as appropriate, or centrally stored 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." Findings:	A 055		

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A 055	Continued From page 15 Observations on at 2 PM of the medications for resident #9 noted 12 bottles of 2 mg. Continued observations noted the bottles were not labeled "discontinued". In an interview on at 2 PM with the nursing supervisor who said the order changed frequently depending on the laboratory results and each time the order changed a new order came in. She added the facility normally destroyed discontinued medications within 3 days of being discontinued. The facility did not have a medication storage and disposal policy and procedure. 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 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	A 056		

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A 056	Continued From page 16 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 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	A 056		

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A 056	Continued From page 17 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. This Statute or Rule is not met as evidenced by: Based on record review, medication observation record (MOR) reviews and interview, the facility failed to make every reasonable effort to ensure prescriptions were refilled in a timely manner for 3 of 6 sampled residents (#5, #9 and #11) who received assistance with self-administered medications. Findings: 1. On . . . . . at 10:20 AM resident #5 said he had run out of medications before and did not	A 056		

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A 056	Continued From page 18 know why. Review of resident #5's , and electronic MOR revealed there were times when the MOR noted the resident's medication was not available, some examples are as follows: ., 4%-apply 1 patch .., , every morning and remove at bedtime had staff initials and circles daily on the ., and electronic MORs. The medication notes documented on some days the medication not available-prior authorization needed or medication not available order D 2 1.25 Milligram (mg) had staff initials with a circle at 8 AM on and the medication note documented medication not available-prior authorization needed 5 mg 1 daily at 8 AM there were staff initial with a circle on , , , , , , , , , , the medication note documented on some days medication not available-prior authorization needed or medication not available-backorder 0.25 mg inhale 1 vial (2 milliliters) via twice daily at 8 AM and 4 PM there were staff initial with a circle on through and and , the medication note documented on some day's medication not available-prior authorization needed. On at 8 AM it noted "Other: called to check on ." On at 4 PM it noted " Other: out of stock." On it noted "Med not available-backorder. Review of the resident's record revealed there was no documentation to confirm that every reasonable effort was made to ensure that the resident's medications were refilled in a timely manner. 2. In an interview with resident #9 on at 10:45 AM who said the facility staff assisted him with his medications and at times they ran out of	A 056		

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A 056	Continued From page 19 medications, like today he was out of , , , , , and had been for a few days. Resident record review for resident #9 revealed a health assessment report form 1823 dated that indicated he needed assistance with self- administration of medications. Continued review of the , Medication Observation Record (MOR) revealed the following: Lansatrop 0.005 % , , one drop to right , , at bedtime was indicated. Review of the resident's medications on at 2 PM revealed , , 0.005 %, , 1 %, refresh tears 0.05 % were not in the medication cart. The MOR indicated "held" since . 3. In an interview on /202 at 1 PM with a family member of resident #11 who said the resident goes without medications. He did not get his medications the last weekend. The facility requested a refill on a medication that was discontinued in . The , , MOR listed , , 500 mg and DR 30 mg, and were indicated as " med not available, prior authorization needed, and order. There was no written evidence to confirm what efforts the facility made to ensure the medications were refilled timely so the resident would not be without their medications. In an interview with the nursing supervisor on /202 at 2PM who said the Med techs (unlicensed staff) were responsible to re -order medications and should do so before the last week of the cycle.	A 056		

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A 056	Continued From page 20 Class III	A 056		
A 078 SS=D	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 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.	A 078		

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A 078	Continued From page 21 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 personnel record review and interview, the facility failed to ensure all staff had documentation of freedom of communicable within 30 days of hire for 2 of 4 sampled staff. (B and C) Findings: 1. Review of the personnel record for caregiver	A 078		

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A 078	Continued From page 22 B, hired , did not find any documentation indicating she was free from communicable On at 3:15PM, the administrator confirmed the finding. 2. Personnel record review for staff C, a care giver hired had no documentation to confirm she was free from Communicable On at 4 PM, the administrator confirmed the findings. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in in-service training relevant to their job duties as specified by agency rule of the agency. Topics covered during the preservice orientation are not required to be repeated during in-service training. A single	A 081		

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A 081	Continued From page 23 certificate of completion that covers all required in-service training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of	A 081		

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A 081	Continued From page 24 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty	A 081		

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A 081	Continued From page 25 (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interview, the facility failed to ensure that 4 of 4 sampled staff (A, B and C) received the required in-service training. Findings: Personnel record review for staff A, a care giver hired and staff b, a caregiver hired , revealed there was no documentation to confirm that they had received at least 2 hours of pre-service orientation prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility. That included the signature of the staff and the administrator. Further personnel record review revealed staff A and staff B revealed there was no documentation to confirm they had received the following training's: Staff A-1 hours-facility's policies for control and a 1-hour training on resident rights and the facility's policy that covered recognizing and reporting resident , neglect, and 1-hour-in-service training on safe food handling practices.	A 081		

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A 081	Continued From page 26 Staff B-1 hours-facility's policies for control and a 1-hour training on resident rights and the facility's policy that covered recognizing and reporting resident , neglect, and , 1-hour-in-service training on safe food handling practices. 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living. On at 3:30 PM the administrator said he could not find any of the above training for the staff. Review of the personnel record for caregiver C, hired , did not find any documentation indicating a 2 hour pre-service orientation was completed prior to working with the residents. Continued review did not find evidence of training on the facility's policies and procedure for resident rights, recognizing and reporting and neglect or safe food handling. On at 3:45PM, the administrator confirmed the findings and stated he was unable to locate any additional documentation. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on	A 082		

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A 082	Continued From page 27 and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure 2 of 4 sampled staff had completed a one-time educational course on (,) and (Acquired -Deficiency ,), including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment (A and C). Findings: 1. Review of the personnel record for unlicensed caregiver C, hired , did not reveal any documentation indicating completion of training. On at 3:45PM, the administrator confirmed the finding. 2. Personnel record review for staff A, a caregiver, hired , revealed there was no evidence to confirmed she had completed a one-time education course on and . On at 3:30 PM the administrator said he could not the training for staff A. Class III	A 082		
A 085 SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service	A 085		

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	AL11969022	A. BUILDING: _____ B. WING _____	09/08/2020

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A 085	Continued From page 28 (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure the facility dietary manager who was responsible for the facility's food service and day-to-day supervision of food service staff obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. Findings: A request to review documentation of the most recent annual 2 hour continuing education for the dietary manager revealed he had not completed a 2 hour course in the previous 12 months. On . . . . . at 1:20PM, the dietary manager stated he had not completed any training or updates in the previous 12 months. Class III	A 085		

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A 090	Continued From page 29	A 090		
A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

(11)
TRAINING.
(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding .
(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.
(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview the facility failed to have evidence that 2 of 4 sampled staff (A and D) had at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 59 A-5.0186, F.A.C. within 30 days after employment.

Findings:

1. Personnel record review for staff A, a caregiver hired had no evidence to confirm she had completed at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 59 A-5.0186, F.A.C.

On at 3:30 PM the administrator said he

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A 090	Continued From page 30 could not the training for staff A. 2. Review of the personnel record for the administrator (D), hired , did not find any documentation of completion of a course covering the facility's policies and procedures for . On at 3:45PM, the administrator confirmed the finding and stated he was unable to locate any documentation. Class III	A 090		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use	A 093		

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A 093	Continued From page 31 of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style	A 093		

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A 093	Continued From page 32 dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan	A 093		

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A 093	Continued From page 33 coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation dietary record review and interview, the facility failed to 1) ensure the menu was approved by a licensed dietician annually, 2) maintain 6 months of menus dated for the week served, 3) maintain 6 months of substitutions made to the menu, and 4) retain a copy of the dietician's license on file. Findings: Observation of the menu posted outside the main dining room and the meal provided to the residents found the lunch for . . . . . was eggplant parmesan, pasta, glazed carrots, garlic bread, apple turnover and beverage of choice. A request to review the menus served for the previous 6 months found the facility did not have a record of dated menus. The dietary manager provided a copy of week 1 of their 4 week cycle and provided a weekly menu for review that showed the meal for Tuesday was supposed to be turkey burger with lettuce, tomato and onion, pasta salad and fries and angel food cake. Review of the substitution log showed one entry in , and another in , . Nothing was noted for . . . . A paper documenting the menu was reviewed and approved on . . . . . was observed. (photographic evidence obtained) On at 1:20PM, the dietary manager stated the facility was in the process of obtaining a new dietician. He stated they have not had a new menu approved since . . . . . He confirmed the menu was not followed, and the substitution	A 093		

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A 093	Continued From page 34 was not recorded. The dietary manager stated he switched 2 days in the week and was not aware he needed to write that on the substitution log. In addition, the dietary manager stated he did not have a copy of the previous dietician's license and said they had not received anything from the new dietician. Class III	A 093		
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 resident's health care provider and case manager, if 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. Records of residents receiving nursing services from a third party must	A 162		

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A 162	Continued From page 35 contain all orders for nursing services, all nursing assessments, and all nursing progress notes for services provided by the third party nursing services provider. Facilities that do not have such documentation but that can demonstrate that they have made a good faith effort to obtain such documentation may not be cited for violating this paragraph. A documented request for such missing documentation made by the facility administrator within the previous 30 days 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. (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)(f), 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.	A 162		

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A 162	Continued From page 36	A 162		

(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.
(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 a log listing the

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A 162	Continued From page 37 names of residents participating in this arrangement. (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 resident records for 2 of 6 sampled residents included: an informed consent regarding assistance with medications (#9) and for residents who receive assistance with activities of daily living taken at least every 6 month (#9 and #11). Findings: 1. Resident record review for resident #9, who received assistance with self - administration of medications revealed no evidence to confirm the resident received a copy of the written informed consent described in Rule 59A-36.006, F.A.C. According to the health assessment report 1823 dated he needed assistance with bathing and . Continued review revealed the last documented . Resident record review for resident #11 revealed a health assessment report form 1823 dated that indicated he needed assistance	A 162		

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A 162	Continued From page 38 with bathing, Continued review revealed the last documented . In an interview with the administrator on at 3 PM who said he was unable to locate any additional documentation. Class III Based on record review, observations, interview and medication observation record (MOR) review, the facility failed to obtain a health care providers order for 1 of 6 sampled resident (#5) before allowing the resident to self-administer her medications. Findings: Observation on at 10:20 AM, resident #5 had a bottle of over the counter AC, and and . Resident #5 said at the time, staff assist him with his other medications and he takes the over the counter medications himself. Record review for resident #5 revealed a resident health assessment form 1823 dated , the health care provider noted the resident required the assistance with the self-administrator of medication. There was no health care provider's order for the resident to self administer the over the counter medications (otc) that he had in his room. Review of the facility's medication storage agreement signed by resident and facility on revealed it noted resident who receive assistance with self-administration of medications must allow ALF to lock those	A 162		

Agency for Health Care Administration

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A 162	Continued From page 39 medications including all OTCs in the medication cart located in the nurses station. All medications must have a physician's order . The resident or family member may purchase OTCs without a physicians order, but we must keep the OTC in the medication cart with the resident's name and the manufacture's recommendations for use visible unless accompanied by a physicians order stating family member can assist. On at 1 PM, the director of nursing said she was not aware the resident had the OTC's in his room. Class III	A 162		