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
	AL11969313	A. BUILDING: _____ B. WING _____	09/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CREEKS ASSISTED LIVING AND MEMORY CAR	13470 BOYETTE RD RIVERVIEW, FL 33569

(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 Change of Ownership Survey, an Control Visit, an Extended Congregate Care Visit, a Generator Monitoring, and a Complaint Investigation (Complaint Number: 2020000119 and 2020003201) were conducted at Creeks Assisted Living and Memory Care on . . . . . Deficiencies were identified at the time of survey.	A 000		
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 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	A 052		

AHCA Form 3020-0001

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

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (h) Using a [illegible] to perform [illegible] level checks. (i) Assisting with putting on and taking off [illegible] stockings. (j) Assisting with applying and removing an [illegible] but not with titrating the prescribed [illegible] settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the 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	A 052		

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A 052	Continued From page 2 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. 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	A 052		

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A 052	Continued From page 3	A 052		

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 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

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A 052	Continued From page 4 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 observation, record review, and interview, the Facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes for one Resident (#5) of one resident that required assistance with self-administration of medications. Findings Included: During a medication pass observation with Staff F (unlicensed Medication Technician) and Staff E (Licensed Practical Nurse) for Resident #5, conducted on . . . . . at 02:15pm, Staff F was attempting to pull the Resident #5's Medication Observation Records (MORs) and was unable to because Staff E had already signed medications as given to Resident #5. Staff F opened the bottom drawer of the medication drawer and pulled out two boxes of . . . . inhalant medications. The computer screen was black and there was no data presented on the screen. Staff F handed one vial of medication from each box to Staff E. Staff E left the medication room without looking at the boxes to ensure that Staff F had given her the correct medication for the correct residents. Staff E did not compare the medication labels to Resident #5's MORs. During Resident #5's inhalation of the	A 052		

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A 052	Continued From page 5 medication, Staff E took the chamber from Resident #5 and stopped the . The chamber had medication left in it and the resident did not receive the full dose of medication. Resident #5 did not indicate any type of refusal for finishing the medication inhalation. A review of the medication labels, conducted on , revealed that the two vials of inhalant solution was Resident #5's , / 0.5mg/3mg and 0.25mg/2ml inhalant solutions. During an interview with Staff E (a licensed Practical Nurse), conducted on at 02:00pm, Staff E stated that she did not compare the medication labels to the MORs at the time she retrieved the vials of medications but checked them earlier. During an interview with Staff B (a licensed Practical Nurse and Supervisor, conducted on at 02:05pm, Staff B stated that both Nurses and Medication Technicians were to compare medication labels to residents' MORs while performing a medication pass. 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 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	A 054		

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A 054	Continued From page 6 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 observation, record review, and interview, the Facility failed to ensure that Medication Observation Records (MORs) were accurate and free from errors for one Resident (#12) of one sampled resident that required assistance with self-administration of medication. Findings Included: During an observation of the medication pass with Staff F for Resident #12, conducted on [illegible] at 01:55pm, Staff F did not compare Resident #12's medication labels [illegible], [illegible], [illegible], and [illegible], with the	A 054		

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A 054	Continued From page 7 resident's MORs as required. Resident #12's medication labels for and , , did not match the resident's MORs. A review of Resident #12's medications and MORs, conducted on , revealed that Resident #12 had two medications that had a change in the directions of use. Resident #12's prescribed medication label and orders stated 0.52gm take one capsule by three times every day. Resident #12's MORs stated 0.36gm take one capsule by three times every day. Resident #12's , , medication label and orders stated 10mg take one tablet by twice every day. Resident #12's MORs stated 10mg take one table by every eight hours. During an interview with the Director of Nursing, conducted on at 06:00pm, the Director of Nursing agreed that Resident #12's and , , medication labels did not match the resident's MORs. Class III	A 054		
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	A 081		

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A 081	Continued From page 8 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 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 081		

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A 081	Continued From page 9 (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 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.	A 081		

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A 081	Continued From page 10 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 (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 record review and interview, the facility failed to ensure that all required in-service trainings required within thirty days from date of hire were in the employee personnel files for one employee (Staff C) of four sampled employees. Findings included: A record review for Staff C, conducted on [redacted], revealed that Staff C did not have documentation of having completed Nutritional and Safe Food Handling and Preservice Orientation Trainings within thirty days of hire. Staff C was hired on [redacted]. During an interview with the Human Resources Director, conducted on at 03:15pm, the Human Resources Director agreed that Staff C did not have evidence that the employee	A 081		

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A 081	Continued From page 11 completed the required Nutritional and Safe Food Handling and Preservice Orientation Trainings within thirty days of hire. Class III	A 081		
A 169 SS=D	59A-36.015(1)(p) FAC Records - [illegible] Control Policy/Procedure The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (p) The facility's [illegible] control policies and procedures. 1. The facility's [illegible] control policy must include: a. A [illegible] hygiene program which includes sanitation of the [illegible] through the use of [illegible]-based [illegible] rubs or soap and water before and after each resident contact. b. Use of gloves during each resident contact where contact with [illegible], potentially materials, [illegible], and non-intact skin could occur. c. The safe use of [illegible] to ensure [illegible] stick devices and [illegible] are restricted to a single resident. Lancets should be disposed in an approved sharps container and never reused. [illegible] should be cleaned	A 169		

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A 169	Continued From page 12 and . . . . . after every use, per manufacturer's instructions, to prevent carry-over of . . . . and . . . . . agents. d. Medication practices including adherence to standard precautions to prevent the transmission of . . . . . in a residential setting. e. Staff identification, reporting, and prevention of pest infestations such as bed bugs, , and fleas. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to adhere to control standards with their medication practices and medical equipment four Residents (#5, #8, #10, and #12) of four sampled residents. Findings Included: Observations, conducted on . . . . . , revealed that the Facility did not adhere to . . . . control standards with their medication practices and use of medical equipment. At 12:45pm, Resident #8's . . . . . , machine pole and carpet next to the bed had a large amount of dried formula on them (See photographic evidence). At 01:55pm, Staff F (an unlicensed Medication Technician) carried a basket of medications into Resident #12's room and placed it on a cluttered countertop that was visibly dirty. Staff F did not place a barrier under the basket. Staff F carried the basket . . . to the medication cart and placed the basket on top of the medication cart to empty the basket. Staff F did not the clean medication cart top after removing the basket. At 02:15pm, while Staff E (a licensed Practical Nurse) was administering medications to Resident #5, Staff E setup the resident's and placed the	A 169		

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A 169	Continued From page 13	A 169		

chamber and mouthpiece on a chair while Staff E was listening to Resident #5's sounds. The mouthpiece was touching the fabric on the chair. Staff E handed Resident #5 the chamber and mouthpiece and turned the machine on. After Staff E rinsed the chamber and mouthpiece, the staff did not separate the pieces to dry completely. Staff E placed the mouthpiece and chamber on an overly cluttered table with the mouthpiece touching the tabletop. At 03:46pm, Staff B (a licensed Practical Nurse) administered Resident #10's as needed coffee order. Staff B picked up the syringe and the syringe continued to have formula in it from the resident's earlier formula bolus last due at 02:00pm. When Staff B completed the coffee administration, the staff rinsed the syringe and put it together and placed it in the plastic baggie holder still wet. At 04:11pm, the Director of Nursing (DON) picked up Resident #8's mouthpiece and chamber from off of the floor and placed it in a chair. The mouthpiece was touching the floor and the chair. The DON walked out of the room without properly cleaning the mouthpiece and chamber. There was no date on the tubing or mouthpiece to indicate the date it was last changed. There was no holding bag to place the equipment to keep it from contamination.

During an attempt to review medication pass policy and procedures, conducted on , none were provided.

During an interview with Staff B, conducted on at 04:11pm, Staff B agreed that Resident #8's formula appeared to have been on the pole and carpeting for a long time.
During an interview with the DON, conducted on at 04:11pm, the DON agreed that

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A 169	Continued From page 14 Resident #8's mouthpiece was on the floor and the chair and there was no holder to keep it from contamination. At 05:00pm, the DON agreed that other residents that received inhalation treatments probably did not have a storage device in place to prevent contamination. Class III	A 169		
AE206 SS=D	59A-36.021(6) FAC ECC - Service Plans (6) SERVICE PLANS. (a) Before receiving services, the extended congregate care administrator or manager must develop a preliminary service plan that includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, , , and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs. (b) Within 14 days of receiving services, the extended congregate care administrator or manager must coordinate the development of a written service plan that takes into account the resident's health assessment obtained pursuant to subsection (6); the resident's unique physical, , , and social needs and preferences; and how the facility will meet the resident's needs including the following if required: 1. Health monitoring, 2. Assistance with personal care services, 3. Nursing services, 4. Supervision, 5. Special diets, 6. Ancillary services, 7. The provision of other services such as transportation and supportive services; and, 8. The manner of service provision, and	AE206		

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AE206	Continued From page 15 identification of service providers, including family and friends, in keeping with resident preferences. (c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in section 429.02, F.S., the service plan must be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences. (d) The service plan must be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment. This Statute or Rule is not met as evidenced by: Based on record and interview, the Facility failed to update extended congregate care (ECC) service plans quarterly as required and failed to develop preliminary service plans that included assessments of whether the resident met the Facility's residency criteria, an appraisal of the resident's unique physical, , , , and social needs and preferences, and an evaluation of the Facility's ability to meet the residents' needs prior to the residents receiving ECC services for three Residents (#9, #10, and #11) of four sampled residents admitted to the Facility's ECC services. Findings Included: A record review for Resident #9, conducted on , revealed that Resident #9 moved into the Facility on and was	AE206		

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AE206	Continued From page 16 immediately admitted to the Facility's ECC services on . Resident #9's first service plan was dated on . There was no preliminary service plan developed prior to . There was no updated service plan to review. The quarterly updated service plan was due by . A record review for Resident #10, conducted on , revealed that Resident #10 was admitted to the Facility's ECC services on . Resident #10's last quarterly updated service plan was dated . There was no updated service plan to review. The quarterly updated service plan was due by . A record review for Resident #11, conducted on , revealed that Resident #11 was admitted to the Facility's ECC services on . Resident #10's last quarterly updated service plan was dated . There was no updated service plan to review. The quarterly updated service plan was due by . During an interview with the Director of Nursing, conducted on at 05:54pm, the Director of Nursing agreed that ECC service plans were not updated quarterly as required. The Director Nursing did not know that a preliminary service plan was required before residents received ECC services. Class III	AE206		
AE207 SS=D	59A-36.021(7) FAC ECC - Services (7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner	AE207		

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AE207	Continued From page 17 that respects the resident's independence, privacy, and dignity. (a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with the resident's service plan. (b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan: 1. Total help with bathing, [illegible], grooming and toileting, 2. Nursing assessments conducted more frequently than monthly, 3. Measurement and recording of basic vital functions and [illegible], 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output, 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written	AE207		

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AE207	Continued From page 18 consent to provide such assistance as required in section 429.256, F.S., 6. Supervision of residents with [illegible] and 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes, 8. Provision or arrangement for rehabilitative services; and, 9. Provision of escort services to health-related (c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility's written policies and procedures, provided the nursing services are: 1. Authorized by a health care provider's order and pursuant to a plan of care, 2. Medically necessary and appropriate for treatment of the resident's condition, 3. In accordance with the prevailing standard of practice in the nursing community, 4. A service that can be safely, effectively, and efficiently provided in the facility, 5. Recorded in nursing progress notes; and, 6. In accordance with the resident's service plan. (d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must be conducted. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to provide appropriate equipment for positioning during continuous [illegible] for one Resident (#8) of one resident admitted to extended congregate care services for a continuous [illegible] Findings Included:	AE207		

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AE207	Continued From page 19 During observations of Resident #8, conducted on [redacted] at 04:05pm, Resident #8 was in bed and receiving a continuous [redacted] at 40milliliters (ml) per hour. Resident #8 was lying on her [redacted] and the [redacted] of bed was down at zero degrees. Resident #8 was not at a 30-degree or greater angle as required with continuous [redacted]. Resident #8 did not have a hospital type bed and the and [redacted] of the bed was unable to be repositioned higher than zero degrees (See photographic evidence). Surveyors immediately went to get the Director of Nursing. A record review for Resident #8, conducted on [redacted], revealed that Resident #8 was admitted to the Facility on [redacted] and had a [redacted] with continuous care at the time of admission. There was no evidence that the Facility attempted to obtain a hospital type bed for Resident #8 to keep the resident at a 30 degree or greater angle while in bed. Each quarterly service plan reviewed, stated that Resident #8 was receiving a continuous [redacted] formula [redacted]. Resident #8 had been sent to a local hospital on [redacted] with a complaint of [redacted]. The hospital admitted Resident #8 for "likely [redacted], she is at risk for healthcare-associated [redacted] as well. Resident #8 was discharged from the hospital [redacted] to the Facility on [redacted] with an [redacted] and the resident was on dose six of fourteen at the time of survey. During an interview with the Director of Nursing on [redacted] at 04:11pm, the Director of Nursing upon viewing Resident #8 agreed that the resident was lying flat while the continuous [redacted] formula was infusing at 40ml per	AE207		

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AE207	Continued From page 20 hour. The Director of Nursing stated that Resident #8 had just returned for the hospital and that the Facility had a hospital style bed on order for her and agreed that Resident #8's bed was unable to elevate at a proper degree for . . . . . formula . The Director of Nursing was unable to explain the reason that the Facility had not obtained a hospital type bed upon Resident #8's admission into the Facility and extended congregate care service. Class III	AE207		