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
	AL11968897	A. BUILDING: _____ B. WING _____	11/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY MEADOWS	711 CRESTLINE AVE S LEHIGH ACRES, FL 33974

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced change of ownership, focused [redacted] control and emergency power plan monitoring survey was conducted on through [redacted] at Harmony Meadows, an assisted living facility in Lehigh Acres, Florida. The following is description of the deficiencies.	A 000		
A 051	59A-36.008(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) Only a resident who self-administers medications may maintain a pill organizer. (b) Unlicensed staff may not provide assistance with the contents of pill organizers. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse must manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident, 2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed, 3. Return the medication container to the storage area or resident; and, 4. Document the date and time the pill organizer was filled in the resident's record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it must be noted in the resident's record and the facility must consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility must contact	A 051		

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A 051	Continued From page 1 the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication must be documented in the resident's record. This Statute or Rule is not met as evidenced by: Based on observation of medication pass and staff interview, the facility failed to ensure pill organizers were only used by residents who self-administer their own medication for 2 (Resident #2 and #4). The findings included: On at 8:40 a.m. Staff B, an unlicensed professional, went to a locked medication cabinet and retrieved Resident #4's basket of medications. She removed a pill organizer and proceeded to pour 6 medications from the Thursday tab into a container, which she then handed to Resident #4. After Resident #4 swallowed the medication she signed her named next to 3 of the medication on the Medication Observation Record (MOR). She then replaced the basket into the medication cabinet. On at 8:45 a.m. Staff B, an unlicensed professional, removed Resident #2's basket of medications from the medication cabinet. She removed a pill organizer and proceeded to pour 8 medications from the Thursday tab into a container and handed the container to Resident #2. After Resident #2 swallowed the medications, she signed her named next to the medications on the MOR. She then returned Resident #2's medication basket into the medication cabinet. On a review of Resident #4's MOR revealed 3 of the medications Resident #4	A 051		

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A 051	Continued From page 2 received were not listed on the MOR. The 3 medications not written on the MOR were , 81 milligram (mg), D-3 25 micrograms (mcg) and 1000 mcg tablets. On at 9:10 a.m. in an interview with Staff B, said she is not a licensed professional but has taken a class in assisting residents in taking their medications. She said Staff A, an unlicensed professional filled Resident #2's and Resident #4's pill organizer. Staff B confirmed Resident #4's MOR did not contain the , 81 mg, D-3 25 mcg and 1000 mcg tablets and she did not document on the MOR or in Resident #4's medical record she had assisted him in taking those medications. Staff B confirmed Resident #2 and Resident #4 did not self-administer their own medication but were assisted by staff to take medications. On at 9:35 a.m., the Administrator (AD) confirmed Staff A is an unlicensed nurse and she had filled Resident #2's and Resident #4's pill organizer. The AD said they do not have a licensed nurse who manages Resident #2's and Resident #4's pill organizers. She also confirmed there was no documentation in Resident #2's and Resident #4's MOR or in their medical records, the date and time their pill organizers were filled by Staff A. She confirmed Resident #2 and Resident #4 do not self-administer medications but are assisted by facility staff to take all their medications. Class III	A 051		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin	A 052		

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A 052	Continued From page 3 429.256 (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 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.	A 052		

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A 052	Continued From page 4 (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 prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, converting, or 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 of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or 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	A 052		

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A 052	Continued From page 5 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 , 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	A 052		

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A 052	Continued From page 6 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 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:	A 052		

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A 052	Continued From page 7 Based on observation of medication pass and staff and interview with facility staff, the facility failed to ensure 2 (Residents #2 and #4) of 2 residents observed during assistance with medications were informed of the medications name and dose prior to receiving their medications from the facility staff. The findings included: On at 8:40 a.m., observed Staff B, an unlicensed professional retrieve Resident #4's medications from the medication cabinet. She removed a pill organizer and proceeded to pour 6 medications from the Thursday tab into a container, which she then handed to Resident #4 without informing him of the name and dose of each medication. After Resident #4 swallowed the medication she signed her named next to 3 of the medications on the Medication Observation Record (MOR). She then replaced the basket into the medication cabinet. On at 8:45 a.m., Staff B removed Resident #2's medications from the medication cabinet. She removed a pill organizer and proceeded to pour 8 medications from the Thursday tab into a container and handed the container to Resident #2 without informing him of the name and dose of each medication. After Resident #2 swallowed the medications, she signed her named next to the medications on the MOR. She then returned Resident #2's medications into the medication cabinet. On a review of Resident #4's MOR revealed 3 of the medications Resident #4 received were not listed on the MOR. The medications not written on the MOR were , 81 milligram (mg), D-3 25 microgram	A 052		

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A 052	Continued From page 8 (mcg) and 1000 mcg tablets. On at 9:10 a.m., in an interview with Staff B she said she is not a nurse but has taken a class in assisting residents in taking their medications. Staff B confirmed she did not tell Resident #2 and Resident #4 the name and dose of each of the medications she gave them this morning. On at 9:35 a.m., the Administrator (AD) confirmed Resident #2 and Resident #4 need assistance with their medication. She also said none of the residents at the facility has signed a waiver stating they did not want their medication names and doses read to them prior to them receiving their medications. She said Staff B is not a nurse and should have read the name of each medications and their dose prior to assisting them with their medications. Class III	A 052		
A 057	59A-36.008(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription. (a) A facility may keep a stock supply of OTC products for multiple resident use. When providing any OTC product that is kept by the facility as a stock supply to a resident, the staff member providing the medication must record the name and amount of the OTC product	A 057		

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A 057	Continued From page 9 provided in the resident's medication observation record. All OTC products kept as a stock supply must be stored in a locked container or secure room in a central location within the facility and must be labeled with the medication's name, the date of purchase, and with a notice that the medication is part of the facility's stock supply. (b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications. This Statute or Rule is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to ensure 1 (Resident #4) of 2 resident's medications reviewed had over the counter (OTC) medication names and the amount given documented on the medication observation record (MOR). The findings included: On at 8:40 a.m. observed Staff B, an	A 057		

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A 057	Continued From page 10 unlicensed professional retrieved Resident #4's medications from the medication cabinet. She removed a pill organizer and proceeded to pour 6 medications from the Thursday tab into a container, which she then handed to Resident #4 without informing him of the name of each medication and their dose. After Resident #4 swallowed the medication she signed her named next to 3 of the medication on the Medication Observation Record (MOR). She then replaced the basket into the medication cabinet. On a review of Resident #4's MOR revealed 3 of the medications he received were not listed/written on the MOR. The medications not written on the MOR were , 81 milligram (mg), D-3 25 microgram (mcg) and 1000 mcg tablets. On at 9:10 a.m., in an interview with Staff B, she said she is not a nurse but has taken a class in assisting residents in taking their medications. Staff B confirmed she did not tell Resident #4 the name and dose of each of the medication she gave Resident #4. She further said the reason she did not document Resident #4 had received , 81 mg, D-3 25 mcg and 1000 mcg tablets on the MOR was because the medications are OTC medications and she was told OTC medication do not have to listed or documented on a resident's MOR. On at 9:35 a.m., in an interview with the Administrator (AD), she confirmed Resident #4 needs assistance with his medication. She confirmed Resident #4 received , 81 mg, D-3 25 mcg and 1000 mcg tablets daily, which are not written on Resident #4's MOR as required. She further said the facility staff are not documenting on Resident #4's MOR or in his	A 057		

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A 057	Continued From page 11 medical record when they gave him the , 81 mg, D-3 25 mcg and 1000 mcg tablets as required. Class III	A 057		
A 078	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	A 078		

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A 078	Continued From page 12 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility [redacted] 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 record review and staff interview, the facility failed to obtain a written statement from a health care provider documenting newly hired staff do not have any signs or symptoms of communicable [redacted], no more than 6 months prior or within 30 days of beginning hire for 3	A 078		

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A 078	Continued From page 13 (Administrator, Chief Financial Officer (CFO) and Staff A) of 4 staff reviewed. The facility failed to ensure Staff A and Staff B had evidence of a negative ( ) examination upon hire and on an annual basis. The findings included: On review of Staff B's employee file revealed the facility submitted to the Florida Background Screening Clearinghouse she was hired on . Staff B's employee file did not have documentation from a health care provider she had no signs or symptoms of communicable . There was no documentation Staff B had a negative test upon hire. On review of Staff A's employee file revealed she was hired on . There was no documentation in Staff A's employee files she had a negative test on an annual basis for 2017, 2018, 2019, and 2020. On at 3:55 p.m., the Administrator (AD) reviewed Staff A's and Staff B's employee file. She confirmed Staff A does not have the required documentation of a negative test on an annual basis. The AD also confirmed Staff B was hired in and there is no documentation in her employee file she had no signs or symptoms of a communicable and a negative test upon hire signed by a health care professional. The AD said she and the CFO do not have a statement in their employee file from a health care professional they have no signs or symptoms of a communicable when they assumed control of the facility on as required.	A 078		

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	AL11968897	A. BUILDING: _____ B. WING _____	11/19/2020

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A 078	Continued From page 14 Class III	A 078		
A 081	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 inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice 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	A 081		

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A 081	Continued From page 15	A 081		

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 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

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A 081	Continued From page 16 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 (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 staff interviews and record review, the	A 081		

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A 081	Continued From page 17 facility failed to ensure 1 (Staff B) of 2 staff reviewed received the minimum of 2-hours pre-service orientation training prior to working with the residents. The facility failed to ensure 2 (Staff A and Staff B) of 2 staff reviewed received training in the facility's emergency procedures as required. The findings included: On review of Staff B's employee file revealed the facility submitted to the Florida Background Screening Clearinghouse that Staff B was hired on . Staff B's employee file does not have documentation she had received the minimum 2-hours pre-service orientation training prior to working with the residents and training about the facility's emergency management plan. On review of Staff A's employee file revealed she was hired on . There was no documentation Staff A received training in the facility's emergency plan. On at 1:00 p.m., in a phone interview with Staff B she said she was hired in . She said the new facility owners have not reviewed the emergency environmental control plan with her and she does not know how to operate the generator if there was a loss of power. She further said she did not receive the 2-hour pre-service orientation prior to working with the residents. On at 5:00 p.m., in an interview with Staff A she said the new owners have not reviewed the emergency environmental control plan with her and she doesn't know how to operate the generator if there was a loss of power	A 081		

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A 081	Continued From page 18 at the facility. On [redacted] at 3:30 p.m., the Administrator (AD) said she was unable to find documentation Staff B received the mandatory 2-hour pre-service orientation prior to working with the residents. The AD also said she was unable to find documentation they had provided education and training to Staff A and Staff B in the facility's emergency management plan as required per their facility emergency management plan and state regulations. Class III	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND [redacted] ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training	A 083		

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A 083	Continued From page 19 requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on staff interviews and employee files review, the facility failed to ensure a staff member certified in First Aid and , , ( ) are in the facility at all times. Not having a staff member certified in First Aid and could lead to a delay in care and treatment for residents at the facility. The findings included: On a review of Staff B's employee files revealed they were hired . Staff B's employee file did not contain a certificate in First Aid and . Review of the and staffing schedule revealed Staff B was alone in the facility with the residents on multiple dates. Staff B was alone at the facility with the residents on ,11,14,19,20,25/2020 and ,3,8, . On at 3:00 p.m., in an interview with Staff B she said she started working at the facility in . She confirmed she worked alone in the facility on ,11,14,19,20,25/2020 and ,3,8, . On at 3:40 p.m., in an interview with the Administrator (AD) she confirmed Staff B was hired in , and she worked alone in the facility with the residents on ,11,14,19,20,25/2020 and ,3,8, . She said after reviewing Staff B's employee file there is no documentation Staff B is certified in First Aid and . The AD confirmed there were no staff in the facility for 10 days on ,11,14,19,20,25/2020 and ,3,8, with a valid First Aid and as required.	A 083		

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A 083	Continued From page 20 Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a	A 084		

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A 084	Continued From page 21 training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;	A 084		

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A 084	Continued From page 22 l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by:	A 084		

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A 084	Continued From page 23 Based on staff interview and record review, the facility failed to ensure 2 (Staff A and Staff B)) of 2 staff reviewed for assisting residents with self-administration of medications had completed a 6-hour training course in assisting residents with their medication prior to assisting residents with the medication, and completed a minimum of 2-hours of continuing education in medication assistance on an annually basis. The findings included: On [redacted] at 9:00 a.m., Staff B was observed assisting Resident #2 and Resident #4 with their morning medications. On [redacted] review of Staff B's employee file noted no documentation she had completed the mandatory 6-hour training course prior to assisting residents with their medications. On [redacted] review of Staff A's employee file revealed she had completed the 6-hour training course in assisting residents with their medications on [redacted]. Further review revealed no documentation Staff A has completed the mandatory 2-hour continuing education on an annual basis for assisting residents with their medication. On [redacted] at 3:10 a.m., in an interview with Staff B, she said she was hired in [redacted] and had been assisting the residents with their medications. She said she had completed a 4-hour course in assisting residents with their medications several years ago but does not have a copy of the 4-hour training in assistance with medication certification and the mandatory 2-hour annual continuing education for medication assistance.	A 084		

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A 084	Continued From page 24 On at 3:45 p.m., in an interview with the Administrator (AD), she said after reviewing Staff A's and Staff B's employee files she was unable to find documentation Staff B had completed a 6-hour course in assisting residents with their medication. The AD confirmed Staff A had completed the 6-hour course for assisting residents with their medication on but was unable to find documentation Staff A had completed the 2-hour continuing education for medication assistance on an annual basis as required. The AD confirmed she does not have the required documentation in Staff A's and Staff B's employee files of the required training to assist residents with the self-administrating of their medication as required. Class III	A 084		
A 200	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be	A 200		

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A 200	Continued From page 25 equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly,	A 200		

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A 200	Continued From page 26 this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit	A 200		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.
1. Facilities must store minimum amounts of fuel onsite as follows:
a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.
b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.
2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.
4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.
(d) The acquisition and maintenance of a monoxide alarm.
(2) SUBMISSION OF THE PLAN.
(a) Each assisted living facility licensed prior to

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	AL11968897	A. BUILDING: _____ B. WING _____	11/19/2020

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the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan.
(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.
(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval.
(3) APPROVED PLANS.
(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.
(b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration.
(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and

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A 200	Continued From page 29 implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than , , have implemented the plan required under this rule. (b) The Agency shall allow an extension up to , to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and	A 200		

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A 200	Continued From page 30 fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel	A 200		

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A 200	Continued From page 31 required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR	A 200		

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A 200	Continued From page 32 SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request.	A 200		

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A 200	Continued From page 33 This Statute or Rule is not met as evidenced by: Based on observation, staff interview and facility record, the facility failed to ensure they had the required amount of fuel on the property to implement their emergency environmental control plan in the event of the loss of electrical power. The facility failed to ensure their emergency environmental control plan was available to facility staff, that they were conducting routine maintenance of their alternate power supply and that they have a monoxide alarm/monitor at the facility. The failure to maintain an operational emergency environmental control plan could adversely affect the resident's health and wellbeing during the time of an emergency. The findings included: On at 11:25 a.m., in an interview with Resident #1, she said no one at the facility has explained to her what they would do if the facility lost power and what the facility plans are if they had to evacuate the facility. On at 1:00 p.m., in a phone interview with Staff B, she said she was hired in . She said as of this time the new owners have not reviewed the emergency environmental control plan with her, and she does not know how to operate the generator if there was a loss of power at the facility. On at 5:00 p.m., in an interview with Staff A she said the new owners have not reviewed the emergency environmental control plan with her and she doesn't know how to operate the generator if there was a loss of power at the facility.	A 200		

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A 200	Continued From page 34 On [redacted] a review of the facility's Emergency Environmental Control Plan (EECP) said, 5-gallons of gas would run the generator for 12 hours and they would have 24 hours of fuel on the property and would search and purchase additional fuel before their fuel supply run out. The EECP also stated they would ensure existing staff were trained and show return demonstration on how to operate the generator and there would be monoxide alarms in the facility. On at 2:00 p.m., during the tour of the facility with the Chief Financial Officer (CFO) one of the facility's owners, revealed they had 1 full 5-gallon gas can located next to the air conditioner on the grass. The CFO said they have two 5-gallon gas cans at the facility. He said only 1 of the 2 gas cans is full of fuel at this time. He said he is unaware of any state or local regulation stating he could not store 48 hours of fuel at the property. He confirmed there is not enough fuel at the facility to run the generator for 24 hours as written in their EECP. He also stated they do not have required amount of gas containers at the facility to run the generator for the 48 hours continuously as required per state regulation. The CFO said he does not have documentation he has informed the residents and the staff about the facility's emergency management plan. He further said he has no documentation they have completed education with their staff on the operation of the generator as written in their emergency management plan and documentation he has completed routine maintenance on the generator as required. Class III	A 200		