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
	AL11969403	A. BUILDING: _____ B. WING _____	11/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL OF LIGHT ASSISTED LIVING FACILITY, LLC	613 SW HOMELAND RD PORT SAINT LUCIE, FL 34953

(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 Relicensure, Generator Assessment and a Focused . . . . . Control survey was conducted on . . . . . at Angel Of Light Assisted Living Facility LLC. The facility had deficiencies at the time of the survey.	A 000		
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 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 . . . . 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 . . . . . , 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	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on observation, records review, and interview, it was determined that the facility failed to follow the protocol of assisting residents with self-administration by observing when residents take their medication and by signing the medication observation record (MOR) immediately thereafter, for 1 out of 4 residents observed. The findings included: Upon arrival to the facility on at 9:30 AM, this Surveyor observed one of Residents leaving the facility. Employee B reported upon request that Resident #2 is dialyzed three times a week (Monday, Wednesday, & Friday) and that she was on her way to . On at 11:00 AM, while reviewing the MOR, it was noted that staff members have initialed Resident #2's MOR indicating that they assist her in taking her medication daily including the days and times she is in . Resident #2 had the medication Sevelamer 800 mg tablet scheduled three times daily at 8:00 AM, 12:00 PM and 7 PM. There was no documentation on the MOR or in the resident's record indicating that Resident #2 could take her own medications. During an interview with the Administrator on at 13:56 PM, she reported that she gave Resident #2 her 12:00 PM pill every time she goes to and she initials the MOR, because she knows that Resident #2 has taken and will take the pill as scheduled.	A 054		

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A 054	Continued From page 2 Resident #2's health assessment (AHCA form 1823), signed by her physician on , indicated that Resident #2 required assistance with self-administration of medication. During a subsequent interview with Resident #2 at 3:00 PM, upon her return from , she stated that she takes the pill at the center every time she goes to . At the exit meeting on at 4:00 PM, the Administrator admitted the error and informed that she will contact the resident's physician to have this issue remediated. Class III	A 054		
A 056 SS=E	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 medications from one storage container to another.	A 056		

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A 056	Continued From page 3 (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 medication or medication administration are filled or refilled in a timely manner.	A 056		

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A 056	Continued From page 4 (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 records review and interview, the facility failed to ensure that 1 of 4 residents (Resident #4) received assistance to take one of her physician's ordered medications. The findings included: On , the medications of all the residents were reviewed and reconciled with the medication observation record (MOR). It was quickly noted that one of the medications belonging to Resident #4 kept in a secure cabinet was not recorded in her MOR.	A 056		

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A 056	Continued From page 5 The bottle containing the medication [redacted] 325 mg tablet to be taken twice daily was still almost full. The inscription on the container indicated that the prescription was processed on [redacted]. Review of Resident #4's admission record indicated that she was admitted to the facility [redacted]. Her health assessment reflected the following diagnoses: Vulvodymia; [redacted]; Acute Tubular Necrosis (ATN), to name just those. During an interview with the Administrator on [redacted] at 2:32 PM, she reported that she was not sure who brought the pills to the facility because it was not recorded on Resident #2's MOR. However, review of the health assessment or the AHCA form 1823 indicates, the medication [redacted] 325 mg to be taken twice daily. The Administrator provided no additional information during the exit meeting held the same day at 4:00 PM. She acknowledged the to the findings. Class III	A 056		
A1300 SS=D	Dem Emerg Order 2009 Visitation 1. Every facility must continue to prohibit the entry of any individual to the facility except in the following circumstances listed below within this Section. All facilities must require any individual who is entering the facility and who will have physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a [redacted] mask.	A1300		

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A1300	Continued From page 6	A1300		

A. Family members, friends, and individuals visiting residents in end-of-life situations only;
B. Hospice or [illegible] care workers caring for residents in end-of-life situations;
C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers (1) comply with the most recent Centers for [illegible] Control and Prevention (CDC) requirements for PPE, (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent [illegible] control requirements of the CDC and the facility;
D. Facility staff;
E. Facility residents;
F. Attorneys of Record for a resident in an Adult Mental Health and Treatment Facility or forensic facility for court related matters if virtual or telephonic means are unavailable;
G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), Florida Statutes and their professional staff pursuant to subsection 744.361(14), Florida Statutes;
H. Representatives of the federal or state government seeking entry as part of his or her official duties, including, but not limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with [illegible], a protection and advocacy organization under 42 U.S.C. §15041, the Office of the Attorney General, any law enforcement officer, and any emergency medical personnel;
I. Essential caregivers and compassionate care visitors who meet the following definitions and

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A1300	Continued From page 7	A1300		

satisfy the following criteria:

i. Essential caregivers are those who have been given consent by the resident or his or her representative to provide services and/or assistance with activities of daily living to help maintain or improve the quality of care or quality of life for a facility resident. Essential caregivers include persons who provided services before the pandemic and those who request to provide services.

1. Care or services provided by essential caregivers must be identified in the plan of care or service plan and may include bathing, , eating, and/or emotional support.

ii. Compassionate care visitors provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, or end-of-life. Compassionate care visitors may be allowed entry into facilities on a limited basis for these specific purposes.

iii. Each resident or his or her representative may designate up to two (2) essential caregivers and up to two (2) compassionate care visitors. Other than in end-of-life situations, a resident may be visited by one (1) such visitor at a time; however, an intermediate care facility or Agency for Persons with licensed foster-care or group home facility may allow up to two (2) such visitors at a time.

. Regarding essential caregivers and compassionate care visitors, the facility shall:

1. Establish policies and procedures for designation and utilizations of essential caregivers and compassionate care visitors.

2. Set a limit on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation.

3. Develop an agreeable schedule in concert with the resident and visitor, including

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A1300	Continued From page 8 evening and weekends, to accommodate work or childcare barriers. 4. Provide . . . . prevention and control training, including training on proper use of personal protective equipment (PPE), . . . hygiene, and social distancing. 5. Designate key staff to support prevention and control training. 6. Screen general visitors to prevent possible introduction of COVID-19; 7. Maintain a visitor log for signing in and out. 8. Prohibit visits, except for compassionate care visits, if the resident is . . . . . or if the resident is positive for or shows symptoms of COVID-19. 9. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing. 10. After attempts to mitigate concerns, restrict or revoke visitation if the essential caregiver or compassionate care visitor fails to follow . . . . prevention and control requirements or other COVID-19-related rules of the facility. v. Essential caregivers and compassionate care visitors shall: 1. Wear a surgical mask and other PPE as appropriate. PPE for essential caregivers and compassionate care visitors must be consistent with the most recent CDC guidance for health care workers. 2. Participate in facility-provided training on prevention and control, use of PPE, use of masks, . . . sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's prevention and control policies. 3. Comply with facility-provided	A1300		

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A1300	Continued From page 9 COVID-19 testing, if offered; 4. Provide care or visit in the resident's room or in facility designated areas within the building. 5. Maintain social distance of at least six with staff and other residents and limit movement in the facility. vi. The facility may require essential caregivers and compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance. J. General visitors, i.e. individuals other than essential caregivers or compassionate care visitors, under the criteria detailed below. i. To accept general visitors, the facility must meet the following criteria: 1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days; 2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test; 3. Sufficient staff to support management of visitors; 4. Adequate PPE for staff, at a minimum; 5. Adequate cleaning and [illegible] supplies; and 6. Adequate capacity at referral hospitals for the facility. ii. General visitors must: 1. Be eighteen (18) years of age or older;	A1300		

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A1300	Continued From page 10 2. Wear a . . . mask and perform proper hygiene; 3. Sign a consent form noting understanding of the facility's visitation and . . . . prevention and control policies; 4. Comply with facility-provided COVID-19 testing, if offered; 5. Visit in a resident's room or other facility-designated area; and 6. Maintain social distance of at least six . . . with staff and residents, and limit movement in the facility. iii. Before allowing general visitors, the facility shall: 1. Prohibit visitation if the resident receiving general visitors is , , positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or , , for COVID-19; 2. Screen general visitors to prevent possible introduction of COVID-19; 3. Establish limits on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation, including limits on the length of visits, days, hours and number of visits per week; 4. Schedule visitors by , , ... only; 5. Maintain a visitor log for signing in and out; 6. Immediately cease general visitation if a resident-other than in a dedicated wing or unit that accepts COVID-19 cases from the community-tests positive for COVID-19, or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19, or a staff person who was in the facility in the ten (10) days prior tests positive for COVID-19; 7. Monitor visitor adherence to	A1300		

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appropriate use of masks, PPE, and social distancing;

8. Notify and inform residents and their representatives of any changes in the facility's visitation policy;

9. Clean and visiting areas between visitors and maintain handwashing or sanitation stations; and

10. Designate staff to support -prevention and control education of visitors on use of PPE, use of masks, sanitation, and social distancing.

. Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below:

1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed.

2. Create indoor visitation spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room.

v. Each resident or his or her representative may designate up to five (5) general visitors. A resident may be visited by no more than two (2) general visitors at a time.

vi. Each facility may require general visitors to submit to facility provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance.

K. Barbers and beauty salons may resume services to residents with the following precautions:

i. Services are permissible only if:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had

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A1300	Continued From page 12 no new facility onset of resident COVID-19 cases in the previous fourteen (14) days; and 2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test. ii. Barbers and salon staff must wear surgical masks, gloves, practice hygiene, and follow the same requirements as essential caregivers; iii. Waiting customers must follow social distancing guidelines; . Residents receiving services must wear masks; v. Services are only provided to facility residents, not outside clients or guests; vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and vii. Service and salon areas must be properly cleaned and , and equipment must be sanitized between residents. 2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below: A. Any person with COVID-19 who does not meet the most recent criteria from the CDC to end ,. B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a , including , , , chills, , repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC. C. Any person who has been in contact with	A1300		

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A1300	Continued From page 13 any person(s) known to be with COVID-19, who does not meet the most recent criteria from the CDC to end isolation. 3. Residents leaving the facility temporarily for medical or other activities, and residents receiving visits from health care providers, must wear a mask, if tolerated by the resident's condition. All residents must be screened upon return to the facility. protection should also be encouraged. should be scheduled through the facility or group home to ensure proper screening and adherence to control measures. 4. All visitors must immediately inform the facility if they develop a or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility. 5. Documentation showing compliance with the following requirements must be kept for all visitation within a facility: A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation. B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain: i. Name of the individual entering the facility; ii. Date and time of entry; and iii. The screening mechanism used by the facility to conclude that the individual did not meet any of the enumerated screening criteria. This documentation must include the screening employee's printed name and signature.	A1300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969403	A. BUILDING: _____ B. WING _____	11/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A1300	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on observation, and interviews, the facility failed to ensure that everyone entering the facility (visitors and employees) underwent a comprehensive screening process in order to mitigate the spread of the Corona (COVID-19) to potentially 4 of 4 sampled residents (Resident #1, 2, 3, & 4). The findings included: During a relicensure visit on , it was observed, upon entrance to the facility at 9:30 AM, that a partial COVID-19 screening was undertaken. Employee B checked the Surveyor's temperature and required that he washes his . Employee B did not inquire whether the Surveyor has been in contact with anyone with COVID or whether he had traveled outside of the country. On at 9:43 AM, when the Administrator arrived at the facility, she too had her temperature taken and had washed her . However, it was observed and noted that she did not fill out any questionnaire. She also interacted with and provided care to Resident #4 without wearing full personal protective equipment or PPE. She only wore a mask. In an interview conducted with the Administrator regarding control on at 9:45 AM, she reported that she makes sure that everyone coming to the facility are screened. She reported that she takes their temperature, but she does not ask them any other questions. She said that only one of the residents go out to and that the other residents do not go anywhere. Furthermore, she	A1300		

Agency for Health Care Administration

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A1300	Continued From page 15 reported that no one has been diagnosed with or has shown any signs and symptoms of COVID. Lastly, the Administrator reported that she has not yet drafted any questionnaire related to COVID-19 screening protocol. She indicated nevertheless that she will. Class III	A1300		