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
	AL11968502	A. BUILDING: _____ B. WING _____	01/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE ELDERCARE OF MIAMI LAKES INC	6911 BAMBOO ST MIAMI LAKES, FL 33014

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CZ816 SS=D	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣␣␣, to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣␣␣ are enrolled in the Federal Bureau of Investigation's national retained print ␣␣␣ notification program. If the ␣␣␣ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣␣␣ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣␣␣ to the Federal Bureau of Investigation for a national criminal history record check. The ␣␣␣ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print ␣␣␣ notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣␣␣. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

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CZ816	Continued From page 1	CZ816		

professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by:	CZ816		

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CZ816	Continued From page 3 Based on record review and interview, the facility failed to have an Attestation of Compliance with the background screening signed by two out of four staff (Staff A and B). Findings Include: A review of Staff A's personnel records showed she was hired on .. .... and an unsigned Compliance Attestation form. A review of Staff B's personnel records showed she was hired on .. .. and an unsigned Compliance Attestation form. On at 3:05 PM, the Administrator acknowledged the unsigned documents. Class III	CZ816		

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A 078 SS=I	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. 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	A 078		

AHCA Form 3020-0001

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A 078	Continued From page 1 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 interview, the facility failed to have qualified staff to perform their assigned duties consistent with their level of education, training, preparation, and experience for two out of four sampled staff (Staff A and D). Staff A and D work 24 hours at the facility and do not know how to perform [redacted] ( ). Findings Include: 1) On at 9 AM, Staff D stated, "We both (Staff	A 078		

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A 078	Continued From page 2 A and Staff D) work every day all day. We live here". On at 9:30 AM, when asked Staff A how to perform , Staff A stated, "We push on the with our 2 to 3 times. If nothing happens, then 3 more times. Breaths would be 3 to 4 breaths". A review of Staff A's personnel records showed a hire date of and showed a certification card dated of ' , (External Defibrillators), and Basic First Aid'. On at 9:56 AM, when asked Staff D how to perform , Staff D stated, "I'll run and call 911. I don't know how to. I did the training, but I just don't remember". A review of Staff D's personnel records showed a hire date of and showed a certification card dated of ' , , and Basic First Aid'. According the American Association, 'For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 -to-breaths'. A review of resident Records showed that Residents #2, 3, 5 and 6 had a ( ) on file. Further review showed that Residents # 1 and 4 had no on file, and would therefore need to receive if they became unresponsive. A review of Resident # 1's records showed she was admitted on and no documentation of a health assessment that showed a medical	A 078		

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A 078	Continued From page 3 history or medical diagnoses. A review of Resident # 4's health assessment dated showed a medical history and diagnoses of ( ), , , and . On at 3:03 PM, the Administrator stated, "They have the certification. They took the class. They should know it". Class II	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in 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	A 081		

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A 081	Continued From page 4 training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in . . . . control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its . . . . . control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of	A 081		

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A 081	Continued From page 5 29 CFR 1910.1030, relating to . . . . borne , . . , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.	A 081		

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A 081	Continued From page 6 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 observation and interview, the facility failed to ensure one out of four sampled staff received an in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment (Staff A). Findings Include: A review of Staff A's personnel records showed she was hired on [redacted]; however, there was no documentation of a completed in-service training about the facility's elopement policies and procedures. On at 3:05pm, the Administrator acknowledged Staff A had no training and stated, "That's weird she should have it". Class III	A 081		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must:	A 152		

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A 152	Continued From page 7 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure all existing architectural, mechanical, electrical and structural	A 152		

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A 152	Continued From page 8 systems, and appurtenances were maintained in good working order. The facility also failed to provide a clean and safe environment for all residents. Findings Include: On at 7:10AM, observed a small roach crawling on the facility's dining table while Resident # 2 was eating breakfast. Additional observation showed the Administrator flicking the roach off the table onto the ground. On 1/621 at 9:13 AM, the Administrator stated, "Yes, I've fumigated the house. Professionally, we did it right before the pandemic. I do it every month". A review of the facility's records showed no documentation of fumigation/pest services were provided at the facility. On at 7:15AM, observed three out of five dining chairs with leather peeling off the cushion. The Administrator stated, "Oh, we're getting a new set. I ordered a new set. They should be come coming. The resident peels them off". Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race,	A 162		

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A 162	Continued From page 9 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, ..., or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or	A 162		

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	AL11968502	A. BUILDING: _____ B. WING _____	01/12/2021

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A 162	Continued From page 10 administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable.	A 162		

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A 162	Continued From page 11 (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of a power of attorney (POA), surrogate, or guardian in the records of one out of six sampled residents	A 162		

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A 162	Continued From page 12 (Resident #2). Findings include: A review of the facility's admission/discharge log showed that Resident #2 was admitted on A review of Resident #2's record showed the resident's contract was signed and dated by her daughter. Further review showed no documentation of a power of attorney (POA). On at 7:35 AM, the administrator stated that Resident #2 has yet to be at the facility for 30 days, so she still has time to obtain all the paperwork. Class III	A 162		
A 000	Initial Comments A complaint investigation (complaint number 2020002895) and a COVID-19 monitoring survey was conducted at Sunshine Eldercare of Miami Lakes Inc on and concluded on . Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification	A 025		

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A 025	Continued From page 13 must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the	A 025		

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A 025	Continued From page 14 resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention for one out of six sampled residents (Resident#2). Findings include: In an interview on at 9:18 AM, Staff C stated on at 11 PM, she and Staff B were awakened by a noise. Staff C said that she and Staff B then went to Resident #2's room and saw her on the floor. Staff C stated they checked for and called 911 because Resident #2 didn't want to cooperate to get picked up. staff C said that Emergency services came, but they didn't take the resident to the hospital. A review of Resident #2's progress notes showed no documentation of the resident's on . On at 9:20 AM, Staff C stated that Resident #2 also twice on . Staff C further stated, "I don't know when she got up. We heard a noise, went to the room, and saw Resident #2 on the floor. She was not but had a small bump on her . We called 911. They came, picked her up but didn't take her to the hospital. That was at like 1 AM. At	A 025		

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A 025	Continued From page 15 approximately 3 AM, I laid Resident #2 down in her bed, and she went to sleep. Around 6 AM, I was doing my rounds and found her sitting on the floor. We called 911, and rescue came to lift her." A review of Resident #2's progress notes showed no documentation of the resident's on . A review of Resident #2's records showed she was admitted on . The health assessment completed on showed medical diagnoses and a history of 's , gait , ( ). Resident#2 needed supervision with eating, assistance with ambulation, bathing, , self-care, toileting, and transferring. The resident also required assistance with self-administration of medications. During an interview on at 9:39 AM, when asked why there are no progress notes about Resident #2's , the administrator stated, "I'm probably guilty of not writing them." Class III	A 025		
A 030 SS=E	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the	A 030		

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A 030	Continued From page 16	A 030		

admission package provided pursuant to rule 59A-36.006, F.A.C.
(b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,

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A 030	Continued From page 17 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and	A 030		

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A 030	Continued From page 18 with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.	A 030		

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A 030	Continued From page 19 (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the	A 030		

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A 030	Continued From page 20 residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever	A 030		

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A 030	Continued From page 21 possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, the facility failed to treat two out of six sampled residents with dignity and respect, free of . . . . . (Resident #2, #3). The residents were restrained by the use of a wheelchair blocking the bed rails attached to the resident's bed. The facility failed to regard the privacy needs of one of six sampled residents (Resident#2). The facility's supplies were stored in the resident's room. Findings include: 1)Observation on . . . . . at 6:07 AM, showed Resident #2 sleeping in # with a wheelchair leaning on the half bed rail of her bed. Observation on . . . . . at 6:08 AM, showed Resident #3 sleeping in # with a wheelchair leaning on the half bed rail attached to her bed. During an interview on at 6:09 AM, when asked why the wheelchair was leaned on the bed, Staff A stated that "we put it to protect	A 030		

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A 030	Continued From page 22 them plus Resident #2 has . . out of bed before." 2) Observation on at 9:25 AM showed the facility's supplies were stored inside . . # . , which housed Resident #2. During an interview on at 10:09 AM, when asked why supplies were stored in the resident 's room, the administrator stated, "We don't have enough space." Class III	A 030		
A 053 SS=H	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including . . . . testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988	A 053		

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A 053	Continued From page 23 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have licensed staff available to administer the medication for two out of six sample residents that required medication administration (Resident #1, #2). Findings include: 1) Observation on at 6:20 AM, showed an unlocked medication box with a box of inside. The box contained . According to the National Institutes of Health, is a rapid acting human analog indicated to improve control in adults and children with . In an interview on at 6:22 AM, when asked which resident was on , Staff C replied Resident #1. Staff C further stated, "I administer Resident #1's ; sometimes, she gets scared that it will hurt, so I do it."	A 053		

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A 053	Continued From page 24 During an interview on at 8:15 AM, when asked who administered her this morning, Resident #1 stated, "Staff C did. She came and did it on my arm, and I looked away." On at 8:16 AM, when asked who checked her , Resident #1 stated, "Staff C did." Resident #1 then lifted the index of her left and stated, "she did it on this ." A review of Staff C's personnel record revealed that she is not a licensed medical professional. In an interview on at 6:22 AM, when asked whether she was a licensed professional, Staff C stated, "No, I'm not a nurse." A review of Resident #1's medication observation record (MOR) showed that there were -written. A further view showed that the comment "client does it herself" next to the (used to control high for individuals with). There was no dosage noted on the MOR for these medications. Further review of the facility's medication observation record (MOR) revealed a log titled ' Test Results' with Resident # 1's name and date of birth. Further review of the log showed on the top right corner, a scale documented in Spanish as '- de 90 baja' and '+ de 150 alta'. In English language it is translated to, 'lower (-) 90 low' and 'higher (+) 150 high'. There was no documentation indicating the amount of Resident # 1 needed when the was low or high. Review of Resident #1's MOR showed documentation of level readings written by Staff C.	A 053		

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A 053	Continued From page 25 According to the U.S. National Library of Medicine, - is that is used to improve control in individuals with . If not appropriately taken, the resident may develop life-threatening (a condition caused by a very low level of). Symptoms include drowsiness, , blurred vision, numbness or tingling in your , trouble speaking, , clumsy or jerky movements, ( ), or loss of . A review of Resident #1's record showed no health assessment in the file. Further review showed no prescription for in the resident's file. During an interview on at 7:34 AM, the administrator stated, "I don't have everything in Resident #1's file yet because I'm waiting for the doctor to see her. I'm still within the 30 days." 2) Record review showed that Resident #2 was admitted on . The health assessment dated showed the resident was diagnosed with , gait ( ), and . Further review of the health assessment revealed that the resident needed supervision with ambulation, bathing, , grooming, toileting, transferring, and needed assistance with eating and self-administration of medication. On at 7:06 AM, observed Staff C take the medications to Resident #2 while the resident sat at the dining table. Staff C told Resident #2 to open her . Staff C then poured the medication into the resident's . Staff C then	A 053		

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A 053	Continued From page 26 grabbed a cup of water and poured the water into Resident #2's . On at 2:54 PM, the administrator stated, "Staff C provides medication to [Resident #2] likes this because the resident has and Staff C needs to redirect her to take the medication." Reconciliation of medication for Resident #2 indicated that the medications given at 7 AM were 70 mg (used to treat), 75 mg tablet (used to prevent and in persons with), 9.5 mg (used to treat), 10 mg (used to treat moderate to severe) and 50 mg (used to treat or). According to the U.S. National Library of Medicine, - is used to lower the risk of having a or . If not taken properly, the resident may experience excessive , , painful , and flaking or peeling of the skin. - is used to treat mild to moderate caused by 's or 's . If not taken properly, the resident may experience ongoing or , loss of appetite, loss, heavy sweating or hot and dry skin, black or bloody stools, coughing up , tremors (uncontrolled shaking), or restless movements in the , , , jaw, or . - is used to treat moderate to severe of the 's type. If not taken properly, the resident may experience severe , blurred vision, pounding in the or , ( ), , and	A 053		

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A 053	Continued From page 27 - , tablets are used to treat the symptoms of (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and inappropriate emotions). , tablets are also used to treat episodes of (frenzied, abnormally excited, or irritated). If not taken properly, the resident may experience an increase in their . The medication may also increase and . Class II	A 053		
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,	A 054		

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A 054	Continued From page 28 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 medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the residents' Medication Observation Records (MOR) included any , the name of the resident's health care provider and telephone number, and the direction for use of each medication for one out of seven sampled residents (Resident # 1). Findings Include: A review of Resident # 1's handwritten MOR titled ' ' showed no documentation of Resident # 1's healthcare provider nor their telephone number, , or directions for use for each medication. On at 3:10pm, the Administrator stated, "I did that because I explained to you that she came from her house. Her medications were not from my doctor or my pharmacy. I was waiting for my doctor to give new prescriptions". Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL.	A 055		

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A 055	Continued From page 29 (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication	A 055		

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A 055	Continued From page 30 requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed	A 055		

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A 055	Continued From page 31 by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all medications were centrally stored and kept in a locked cabinet, locked cart, or other locked storage receptacles, room, or area at all times. Findings include: On at 6:06 AM, during a facility tour, observed Over the Counter (OTC) products stored in a Ziploc bag on the kitchen counter. In an interview on at 6:22 AM, Staff A stated, "these are my , I take them in the morning." On at 6:20 AM, observed an unlocked box with inside the refrigerator. During an interview on at 6:21 AM, Staff A acknowledged that the box with was unlocked. Class III	A 055		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or	A 058		

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A 058	Continued From page 32 uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the	A 058		

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A 058	Continued From page 33 class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility is required to employ the consultant services or a licensed registered nurse who will, at a minimum, provide onsite quarterly consultations until an inspection by the Agency's personnel determines that such consultation services are no longer required. The facility received a Class II on the deficient practice of Medication - Administration for an unlicensed staff member (Staff C) administering medications to Resident's # 1 and # 2. Staff C also monitored Resident # 1's and titrated Resident # 1's levels without any documentation of a physician's order. Findings Included: 1)	A 058		

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A 058	Continued From page 34 In an interview on at 6:22 AM, when asked which resident was on , Staff C replied Resident #1. Staff C further stated, "I administer Resident #1's ; sometimes, she gets scared that it will hurt, so I do it". During an interview on at 8:15 AM, when asked who administered her this morning, Resident #1 stated, "Staff A did. She came and did it on my arm, and I looked away". On at 8:16 AM, when asked who checked her , Resident #1 stated, "Staff A did." Resident #1 then lifted the index of her left and stated, "she did it on this ". A review of Staff A's personnel record revealed that she is not a licensed medical professional. A review of Resident #1's medication observation record (MOR) showed that there were -written. A further view showed that the comment "client does it herself" next to the (used to control high for individuals with). There was no dosage notated on the MOR for these medications. Further review of Resident #1's MOR showed documentation of level readings interpreted by Staff A. In an interview on at 6:22 AM, when asked whether she was a licensed professional, Staff C stated, "No, I'm not a nurse". 2)	A 058		

Agency for Health Care Administration

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A 058	Continued From page 35 On . . . . . at 7:06 AM, observed Staff A take the medications to Resident #2 while the resident sat at the dining table. Staff A told Resident #2 to open her . Staff A then poured the medication into the resident's . . . . Staff A then grabbed a cup of water and poured the water into Resident #2's . . . . On . . . . . at 2:54 PM, the administrator stated, "Staff A provides medication to [Resident #2] likes this because the resident has . . . . . and Staff A needs to redirect her to take the medication". Class III	A 058		