

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968482	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/14/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LOVING ANGELS ASSISTED LIVING LLC

**9 RAMBLE WAY
PALM COAST, FL 32164**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a biennial survey and Control Focused survey was conducted at Loving Angels Assisted Living, LLC on . Deficiencies were found to be uncorrected at the time of the survey.	{A 000}		
{A 008}	429.26() FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made	{A 008}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 008}	Continued From page 1 available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and must be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or _____ nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of	{A 008}			

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{A 008}	Continued From page 2 Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of _____ require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a _____ to _____ medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or _____ services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of _____ or any other communicable _____, which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an	{A 008}		

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{A 008}	Continued From page 3 assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, _____, which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170 . Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30	{A 008}		

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{A 008}	Continued From page 4 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish _____ to be administered in the case of _____ or _____. (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by:	{A 008}		

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{A 008}	Continued From page 5 Based on record review, and interviews the facility failed to ensure the AHCA 1823 was completed for 3 of 3 residents reviewed (Resident #2, Resident #3, and Resident #6.) The findings include: A record review was completed for Resident #2, #3 and #6 for completion of the AHCA 1823 Health Assessment form on . All three residents were missing signatures from the Administrator and Resident at the end of the assessment. Photographic evidence obtained. An interview was conducted with the Owner on at 11:13 AM. She confirmed the documentation was missing on the health assessments for the three residents reviewed. She offered to fill the information out, and was reminded it was the Administrator's responsibility. This was previously cited by a representative of this agency as a result of the biennial relicensure survey conducted on . Class III	{A 008}		
{A 032}	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed	{A 032}		

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{A 032}	Continued From page 6 for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for	{A 032}		

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{A 032}	Continued From page 7 implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all staff were present in elopement drills twice per year. (photographic evidence obtained). The findings include: Elopement drills were reviewed on An elopement drill was conducted on and with the same two employees present. The Administrator was not listed as having been through a drill. They were signed off by the Owner. Photographic evidence obtained. An interview was conducted with the Owner at 12:45 PM on She confirmed the elopement drills were conducted with only two employees. This was previously cited by a representative of this agency as a result of the biennial relicensure survey conducted on	{A 032}		

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{A 032}	Continued From page 8 Class III	{A 032}			
{A 077}	429.176 FS; 429.52(.), 59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of	{A 077}			

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{A 077}	Continued From page 9 the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____; 2. If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule	{A 077}			

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{A 077}	Continued From page 10 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393.	{A 077}		

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{A 077}	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on observation, and interview with residents and staff, the facility failed to ensure the Administrator was present in the facility on a daily basis to provide necessary oversight to maintain the facility, staff and the provision of care to residents and to ensure corrections were made in response to deficiencies identified during the biennial relicensure survey conducted on _____ by failing to (1). Conduct 2 annual resident elopement drills which included all staff; (2). Maintain the minimum staffing hours per week for 6 residents; (3). Maintain an Attestation of Compliance with Background Screening Requirements for himself; (4). Thoroughly complete 1823 Health Assessment forms for 3 residents (Resident #2,#3, and #6). This lack of oversight had the potential to negatively impact all 6 of 6 residents in the facility. The findings include: 1. On entrance to the facility on _____ at 9:00 am, Employee D, Caregiver was present. She let the survey team inside and stated, "Let me call (the owner)." She placed a call then was requested to please notify the Administrator of the team's arrival. Employee D replied, "I just called her." When asked if the Administrator would be notified, she did not respond. At 9:18 am on _____, Employee D was asked who, at this point, had been contacted regarding the inspection; the Administrator or the Owner. Employee D again replied it was the Owner, who will contact the Administrator herself. She	{A 077}	

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{A 077}	Continued From page 12 explained that she took her Core training exam, but "sort of" failed. Once she did pass the exam, she would take over the role of the Administrator. The Owner arrived 9:45 am on . She was asked if the Administrator knew the survey team was present. She said no, that he did not. She said he was stepping down and Employee D was in training. Once she passed her Core training exam, Employee D will be the Administrator. She confirmed she had not called the Administrator of record despite him still holding that role. The Owner was asked why she continued to preside over the administrative duties despite a final order removing her from this facility's oversight. She simply responded, "Because (former Administrator)." No explanation was provided when asked why, after placing the current Administrator in his role, he had failed to assume any of the administrative duties. 2. Elopement drills were reviewed on . An elopement drill was conducted on and with the same employees present, Employee D and Employee A. There was no evidence the Administrator had gone through any elopement drills. (photographic evidence obtained.) An interview was conducted with the owner at 12:45 PM on . She confirmed the elopement drills were conducted with only two employees. 3. A review of the staffing schedule was reviewed which had initials of 3 employees, but no shift times beside their names. Hours written at the top of the page noted 8 AM-8 PM, 8 AM-2 PM, 8	{A 077}	

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{A 077}	Continued From page 13 PM-8 AM, Sundays 8 AM-4 PM, but the form did not indicate which shifts the employees scheduled were working. An interview was conducted with the owner at 11:00 AM on . She reported the 3 staff work 12 hours shifts. She confirmed there were no hours written beside their names. An interview was conducted with Employee D, caregiver at 10:53 AM on . She reported she works 8 AM-8 PM. She was here by herself and worked Tuesday, Thursday and Saturdays. Employee A came in at 8 PM and worked to 8 AM by herself. 4. A personnel file review conducted for the Administrator found there was no Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, completed or maintained in his file. An interview was conducted with the Owner at 10:12 AM on . She was asked for the Administrator's attestation of compliance form. She searched through a stack of papers in her plan of corrections file and said, "It is not here." The Owner produced her Articles of Incorporation from the Division of Corporations and pointed out the Administrator was named as the President of the company. She was redirected and again asked to please locate his attestation of compliance. She was not able to locate one. 5. A record review for the AHCA 1823 Health Assessment forms was reviewed for completion for Resident #2,#3, and #6. All three were	{A 077}	

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LOVING ANGELS ASSISTED LIVING LLC

**9 RAMBLE WAY
PALM COAST, FL 32164**

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{A 077}	Continued From page 14 missing the required signatures of the Administrator and Residents at the end of the assessment. An interview was conducted with the Owner on at 11:13 AM. She confirmed the documentation was missing on the health assessments for the three residents reviewed. She offered to fill the information out, and was reminded it was the Administrator's responsibility. An interview was conducted with Resident #2 on at 10:15 AM. She reported the Administrator comes in about every 2 weeks. If she has concerns it is reported to the caregiver. An interview was conducted with Resident #6 at 10:18 AM. He reported the Administrator comes in every 2 weeks and takes care of all of us at the same time. He would tell a caregiver if there was a problem. An interview was conducted with Resident #3 at 10:20 AM in his room. He does not remember seeing the Administrator. If he had a problem would tell Employee D, caregiver. An interview was conducted with Resident #4 in his room. He reported he does not remember the meeting the Administrator. The Owner came in twice a week and she took care of his problems with insurance and helped make for the dentist and his . This was previously cited by a representative of this agency on and remain uncorrected. Class III	{A 077}		

Agency for Health Care Administration

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(A 079)	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: <table border="0"> <tr> <td>Number of Residents, Day Care Participants, and Respite Care Residents</td> <td>Staff Hours/Week</td> </tr> <tr> <td>0-5</td> <td>168</td> </tr> <tr> <td>16-25</td> <td>212</td> </tr> <tr> <td>26-35</td> <td>253</td> </tr> <tr> <td>36-45</td> <td>294</td> </tr> <tr> <td>46-55</td> <td>335</td> </tr> <tr> <td>56-65</td> <td>375</td> </tr> <tr> <td>66-75</td> <td>416</td> </tr> <tr> <td>76-85</td> <td>457</td> </tr> <tr> <td>86-95</td> <td>498</td> </tr> <tr> <td>86-95</td> <td>539</td> </tr> </table> For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all	Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week	0-5	168	16-25	212	26-35	253	36-45	294	46-55	335	56-65	375	66-75	416	76-85	457	86-95	498	86-95	539	(A 079)		
Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week																									
0-5	168																									
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NAME OF PROVIDER OR SUPPLIER LOVING ANGELS ASSISTED LIVING LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9 RAMBLE WAY PALM COAST, FL 32164		
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{A 079}	Continued From page 16 hours of the day and night. 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least . must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant	{A 079}			

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{A 079}	Continued From page 17 positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission	{A 079}			

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{A 079}	Continued From page 18 of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review of the staffing schedule and interview with the owner the facility failed to maintain the minimum staffing hours per week for 6 Residents. (photographic evidence obtained). The findings include: A review of the staffing schedule was reviewed which had initials of 3 employees and no hours bedside their names. Hours written at the top of the page noted 8AM-8PM, 8A-2PM, 8PM-8AM, Sundays 8AM-4PM.	{A 079}		

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