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
	AL11969255	A. BUILDING: _____ B. WING _____	02/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE OAKS OF ENGLEWOOD	7374 SAN CASA DR ENGLEWOOD, FL 34224

(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
CZ821	59A-35.110 FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under chapter 408, part II, F.S., or authorizing statutes for the provider type as specified in section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections; and, (f) Approval of revisions to emergency management plans. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: a. Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 days after the occurrence of the incident as required in section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. b. Liability claim reports required pursuant to section 429.23(5), F.S., and rule 58A-5.0242, F.A.C. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted	CZ821		

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CZ821	Continued From page 2 electronically to the Agency within 15 calendar days after the occurrence of the incident as required in section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and availiable at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review and family and staff interview, the facility failed to file 1 day or 15 day adverse incident reports as required for 1 (Resident #15) of 2 residents reviewed for adverse incidents. The incident involved an unwitnessed of a memory care resident in the early morning hours of the night shift. The resident was not assessed by the nurse and later found to have a of his left , 2 days later. Resident #15 was sent to the hospital and underwent surgery. Resident #15 was a known risk for and had an alarm on while in bed to alert staff when getting out of bed. A complete investigation was not done at the time of the to determine if the facility could have prevented it.	CZ821		

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CZ821	Continued From page 3 The findings included: On review of Resident #15's records, noted the resident was a , male with , and . The resident resided in the facility's memory care unit. Resident #15 had a risk alarm while in his chair and bed to alert staff of him getting up without assistance to help prevent . Resident #15 had a history of . On in a phone interview with Resident #15's wife, she said her husband had a diagnosis of and was almost entirely nonverbal. She said that on about 2:00 a.m., her husband had in the hallway outside his room. According to the video evidence of the that was later reviewed by the Memory Care Director, her husband was on the floor for 7 minutes before staff found him. She said her husband had a bed alarm on to notify staff promptly when he was getting out of bed. Resident #15's wife said according to the Memory Care Director, the staff helped her husband into bed and did not fill out a report about the . She said she was not notified of any , contrary to the policy. She said she was notified later that day by phone on and when she arrived at the facility her husband had a right and was more . She said she asked if he had and they told her no. The wife reported after arriving on , Thanksgiving, he was in a wheelchair and was having trouble walking. She said she watched as they got him out of the wheelchair for toileting and immediately noticed his left was externally rotated indicating a broken , . She then asked for , and it was found that her husband had a , and was sent to the hospital. She said he never recovered after surgery and several weeks later.	CZ821		

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CZ821	Continued From page 4 On at 1:30 p.m., the Memory Director said she was not made aware of the on by Licensed Practical Nurse (LPN) Staff H as per policy requires. After Resident #15 was found to have a , on and being informed by Medication Technician (Med Tech) Staff G that she was aware of the , she reviewed the video footage for that shift and saw what happened. She said she then notified the Wellness Director and the Executive Director of the event and what she saw on the video footage. On at 2:56 p.m., the Executive Director (ED) said she was made aware of the and the circumstance involved in the incident but did not submit an adverse incident to the State because she did not see where the facility could have prevented the . The ED said she did not interview staff about the alarm that was on the resident and if they had heard it. She said she did not interview staff about where they were when they heard the alarm ringing or what they were doing that took them 7 minutes to get to the resident after he had . The ED acknowledged that LPN Staff H did not follow the facility policy regarding Resident #15's and Resident #15 went without treatment for 2 days. Record review of documentation of Resident #15's investigation revealed that it consisted of 2 written statements for LPN Staff H not dated and Med Tech Staff G which was dated 11/26/20. No other documentation of the full investigation was offered by Executive Director at the time of the survey. Class III	CZ821		

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A 000	Initial Comments An unannounced change of ownership, focused . . . . control, extended congregate care, emergency power plan monitoring and complaint survey for complaint #2020017971 and #2021001781 was conducted on through . . . . , at Heritage Oaks of Englewood, an assisted living facility in Englewood, Florida. Complaint #2020017972 was substantiated at tag A0030. Complaint #2021001781 was substantiated without deficiencies. The following is a description of the deficiencies.	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	A 008		

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A 008	Continued From page 1	A 008		

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 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 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 [illegible] 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

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A 008	Continued From page 2 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 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 [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] 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 [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and	A 008		

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A 008	Continued From page 3 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 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	A 008		

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A 008	Continued From page 4	A 008		

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 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 [illegible] or [illegible].
(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

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A 008	Continued From page 5 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: Based on record review and staff interview, the facility failed to ensure 2 residents (Resident #10 and #11) of 3 resident records reviewed had a completed health assessment . The findings included: 1. Record review of Resident #10's chart revealed the last resident Health Assessment (1823) was dated . The Resident's Health Assessment (1823) was not signed or dated by a physician, licensed physician assistant, or nurse practitioner and no listing of current medication was attached. At the time of the survey it had been 10 months since the Health Assessment had been filled out. On at 3:38 p.m., the Wellness Director said that he would fax the doctor and see if the doctor had the Health Assessment (1823) and to send over a signed copy along with a medication list. 2. Record review of Resident #11's clinical record revealed the Health Assessment (1823) dated was incomplete. The designation for medications was not completed by the physician, licensed physician assistant, or nurse practitioner.	A 008		

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A 008	Continued From page 6 On at 5:00 p.m., the Wellness Director confirmed the Health Assessment for Resident #11 was incomplete for the designation for the medications to indicate to the facility staff the medication services the resident would require. Class III	A 008		
A 030	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 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	A 030		

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A 030	Continued From page 7 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, 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	A 030		

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A 030	Continued From page 8 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 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.	A 030		

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A 030	Continued From page 9 (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. (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	A 030		

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A 030	Continued From page 10 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 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, , 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 Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state	A 030		

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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 possible, unless the resident is adjudicated [illegible] or [illegible] 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 observations, staff and resident interviews and record reviews the facility failed to assist with adequate and appropriate health care

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A 030	Continued From page 12 by failing to adhere to recognized standards from the Centers for Control and Prevention (CDC). The facility failed to ensure social distancing and failed to ensure residents wore appropriate personal protective equipment (PPE) to prevent the spread of COVID-19. The facility failed to ensure staff were continuously encouraging residents to wear masks and keep social distancing in the memory care unit of the facility. Refer to: https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html. The findings included: Given their congregate nature and population served, assisted living facilities (ALFs) are at high risk for SARS-CoV-2 spreading among their residents. If with SARS-CoV-2, the that causes COVID-19, assisted living residents-often older adults with underlying medical conditions-are at increased risk for severe illness. CDC is aware of confirmed cases of COVID-19 among residents of ALFs in multiple states. Experience with outbreaks in nursing homes has demonstrated that residents with COVID- , not report common symptoms such as or , symptoms; some may not report any symptoms. Unrecognized , , and pre- , , likely contribute to transmission in these settings. Therefore, CDC recommends source control measures for all persons, including when in a healthcare setting. Detailed recommendations, including when facemasks versus cloth coverings should be used are in the CDC's Interim Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus 2019 (COVID-19) in Healthcare Settings	A 030		

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A 030	Continued From page 13 Encourage social (physical) distancing * Modify or cancel group activities * Instead of communal dining, consider delivering meals to rooms, creating a "grab n' go" option for residents, or staggering mealtimes to accommodate social distancing while dining (e.g., a single person per table). * Schedule group activities in a staggered fashion to limit number of residents participating and allow them to remain at least 6 . . . apart from each other * Remind residents to remain at least 6 . . . apart from others when they are outside their room On at 9:40 a.m., in the memory care unit of the facility all residents observed in the 2 common areas did not have protective masks on. No mask was seen on their person (such as under their or in their pocket). 15 of the 26 residents currently residing in the unit were observed to have no mask. Multiple activities were observed going on at the time of the tour. In each activity group the residents were sitting side by side approximately . . inches apart. Some residents were playing a game to hit a balloon with a pool noodle, and 7 residents were observed in that circle all facing the middle. One, Resident #14, was coughing and kept it up for about 10 to 20 second and was not covering his . . . . Staff members were present but did not direct Resident #14 to cover his or offer him a mask. Another activity observed was nail care where 3 ladies were sitting together at the table side by side with no masks. Two other male residents were sitting at a table side by side painting with no masks on. On at 10:05 a.m., in an interview Medication Technician (Med Tech) Staff C said	A 030		

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they do not have the residents wear masks because they do not understand it and they would just take it off. She said she could not remember any time them trying to encourage the residents to wear them. She said they also don't social distance the residents at meals or activities because they like to sit together and they do not understand why they can't sit together.

On at 10:10 a.m., in an interview Resident #6 said he had not been asked to wear a mask, only when he goes out to the doctor's office.

On at 10:15 a.m., in an interview Resident #7 said she had not been asked to wear a mask at all.

On at 10:54 a.m., in an interview Caregiver Staff D said she has worked in the facility since last , and she had never seen an attempt to have the residents in memory care wear masks. She said they also do not really social distance because they do not understand wearing masks and social distancing. They like to sit together at meals and activities.

On at 11:50 a.m., residents in the the memory care unit were observed sitting at the dining tables. 3 to 4 residents were observed at each table and were not social distancing.

On at 12:05 p.m., in an interview Med Tech Staff E said the residents in memory care do not wear masks because they are memory care and they do not understand the concept and will not leave the mask on. She said she does not remember a time that they were encouraged or tried to make the residents wear masks. She said they do not social distance the residents for activities or mealtime because they do not

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A 030	Continued From page 15 understand why they are put farther apart, so it is not done. Med Tech Staff E said if a resident goes out for an [redacted], they are given a mask to wear when they are out of the building to protect them. She said they tell the family member to try to make sure the resident leaves the mask on while out of the building. On [redacted] at 2:05 p.m., residents were observed during activities in the memory care unit sitting right beside each other with no social distancing. The staff member had placed the residents in a large circle with 8 residents to play a game of hitting a balloon with a pool noodle. On [redacted] at 1:13 p.m. - 2:40 p.m., in an interview the Memory Care Director said the residents have not been made to wear masks because they do not understand what is going on with it all and they take it off anyway and put it somewhere. She said they also have a hard time keeping social distance because they don't understand that either. She said the staff have not been encouraging either the mask or the social distancing. On [redacted] at 2:53 p.m., the Registered Nurse (RN) Wellness Director said the residents in memory care do not wear masks at this time because the facility tried early on in the pandemic to have them wear one but they did not understand and some of them got upset and took them off. On [redacted] at 2:56 p.m., in an interview the Executive Director (ED) said the residents in memory care do not wear masks at this time because the facility tried early on in the pandemic to have them wear one but they did not understand and some of them got upset and took	A 030		

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A 030	Continued From page 16 them off. The ED said that she did not have any documentation these attempts were made or how long or how often and the outcome for each resident. The ED also said she was aware that social distancing in the memory care unit can be a challenge and not often done. Class III	A 030		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION.	A 081		

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A 081	Continued From page 17 (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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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	A 081		

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A 081	Continued From page 18	A 081		

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.
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

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A 081	Continued From page 19 policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure facility employees completed the 2 hour pre-service orientation prior to interacting with residents for 2 (Staff A and B) of 3 employee files reviewed. The findings included: On . . . . a review of Staff A's employee file revealed a hire date of . . . . as a resident aide. Staff A's file contained documentation of pre-service orientation completed on , 5 days after her date of hire. On . . . . at 11:00 a.m., the Business Office Manager, said Staff A started interacting with residents on . . . . according to her punch clock record. She acknowledged Staff A did not complete pre-service orientation prior to interacting with the facility residents. On a review of Staff B's employee file revealed a hire date of . . . . as a resident aide/medication technician. Staff B's file contained documentation of pre-service orientation completed on , 8 days after his date of hire On . . . . at 12:17 p.m., the Business Office Manager acknowledged the findings. Class	A 081		

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A 086	Continued From page 20	A 086		
A 086	59A-36.011(10) FAC Training - ADRD (10) [illegible] AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between [illegible] and [illegible] shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "[illegible] and Related Level I Training," must address the following subject areas: 1. Understanding [illegible]'s and related [illegible]; 2. Characteristics of [illegible]; 3. Communicating with residents with [illegible]'s [illegible]; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility [illegible] and Related	A 086		

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A 086	Continued From page 21 . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related . Level II Training must address the following subject areas as they apply to these . : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with . . 's . . . . . and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on	A 086		

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	AL11969255	A. BUILDING: _____ B. WING _____	02/03/2021

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A 086	Continued From page 22 interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 1 (Staff B) out of 3 employees completed Level II 's and related training within 9 months as it is required. The findings included:	A 086		

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A 086	Continued From page 23 Record review found Staff B was hired on as a resident aide/medication technician. Record review found 4 Hours of Level I 's and Related was completed on . There was no documentation of and Related level II training being completed within 9 months. On at 5:30 p.m., the Administrator acknowledged the finding. Class III	A 086		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 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	A 152		

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A 152	Continued From page 24 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 [redacted]. This Statute or Rule is not met as evidenced by: Based on observations and resident and staff interviews, the facility failed to maintain a clean, safe, sanitary, environment in regard to the conditions of the carpets in residents' rooms. The findings included: On [redacted] at 10:18 a.m., during an interview with Resident #1 (#) her room carpet was observed to be heavily soiled and stained. Resident #1 stated, "the carpet has been like that for a while, she said many staff has seen it, and facility housekeepers come to the room to clean weekly and no one has done anything about the carpet." On at 10:39 a.m., during an interview with Resident #2 (#) her room carpet was observed to be heavily soiled and stained. Resident # 2 stated, "the carpet has been like that for a while", she said housekeepers clean her room weekly on Sundays and no one has done anything about the carpet.	A 152		

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A 152	Continued From page 25 On at 12:30 p.m., during an interview with Resident #3 (#) her room carpet was observed to be heavily soiled and stained. Resident #3 stated, "the carpet has been like that for a while." On at 1:35 p.m., during a tour of # , # # with the Administrator, she observed the heavily soiled and stained carpets in the rooms, she said she did not know about the carpets. On at 2:38 p.m., during a tour of # #1102, and #2009 the Maintenance Director said the housekeeping staff enter the rooms weekly for cleaning, and she had not received any reports from the staff. She confirmed the heavily soiled and stained carpets in the rooms. Class III *Photographic Evidence Obtained*	A 152		
A 165	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and	A 165		

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A 165	Continued From page 26 develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency ' s online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in	A 165		

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A 165	Continued From page 27 this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) . . . , neglect, or . . . . . must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to	A 165		

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A 165	Continued From page 28 administer this section. 59A-36.016 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting. This Statute or Rule is not met as evidenced by: Based on record review and staff and family interviews, the facility failed to file 1 day or 15 day adverse incident reports as required for 1 (Resident #15) of 2 residents reviewed for adverse incidents. The incident involved an unwitnessed of a memory care resident in the early morning hours of the night shift. The resident was not assessed by the nurse and later found to have a of his left , 2 days later. Resident #15 was sent to the hospital and underwent surgery. Resident #15 was a known risk for and had an alarm on while in bed to alert staff when getting out of bed. A complete investigation was not done at the time of the to determine if the facility could have prevented it. The findings included: On review of Resident #15's records, noted the resident was a , male with , and . The resident resided in the facility's memory care unit. Resident #15 had	A 165		

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A 165	Continued From page 29 a risk alarm while in his chair and bed to alert staff of him getting up without assistance to help prevent ... Resident #15 had a history of ... On ... in a phone interview Resident #15's wife said her husband had a diagnosis of ... and was almost entirely nonverbal. She said that on about 2:00 a.m., her husband had ... in the hallway outside his room. According to the video evidence of the that was later reviewed by the Memory Care Director, her husband was on the floor for 7 minutes before staff found him. She said her husband had a bed alarm on to notify staff promptly when he was getting out of bed. Resident #15's wife said that according to the Memory Care Director, the staff helped her husband to bed and did not fill out a report about the . She said she was not notified of any , contrary to the policy. She said she was notified later that day by phone on ..., and when she arrived at the facility her husband had a ... right ... and was more ... She said she asked if he had and they told her no. The wife reported that after arriving on , Thanksgiving, he was in a wheelchair and was having trouble walking. She said she watched as they got him out of the wheelchair for toileting and immediately notice his left was externally rotated indicating a broken , . She then asked for ... and it was found that her husband had a , and was sent to the hospital. She said he never recovered after surgery and several weeks later. On at 1:30 p.m., the Memory Director said she was not made aware of the on ... by Licensed Practical Nurse (LPN) Staff H as per policy requires. After the resident was found to have a , on , and being	A 165		

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A 165	Continued From page 30 informed by Medication Technician (Med Tech) Staff G that she was aware of the , she reviewed the video footage for that shift and saw what happened. She said she then notified the Wellness Director and the Executive Director of the event and what she saw on the video footage. On at 2:56 p.m., the Executive Director (ED) said she was made aware of the and the circumstance involved in the incident but did not submit an adverse incident to the State because she did not see where the facility could have prevented the . The ED said she did not interview staff about the alarm that was on the resident and if they had heard it. She said she did not interview staff about where they were when the heard the alarm ringing or what they were doing that took them 7 minutes to get to the resident after he had . The ED acknowledged that LPN Staff H did not follow the facility policy regarding Resident #15's and Resident #15 went without treatment for 2 days. Record review of documentation of Resident #15's investigation revealed that it consisted of 2 written statements for LPN Staff H not dated and Med Tech Staff G which was dated 11/26/20. No other documentation of the full investigation was offered by the Executive Director at the time of the survey. Class III	A 165		