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
	AL11911654	A. BUILDING: _____ B. WING _____	12/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE OPAL AT CAPE CORAL	4920 VICEROY COURT CAPE CORAL, FL 33904

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A 000	Initial Comments A complaint survey for complaint #2020019330, #2020018268, #2020018922, #2020019320, and #2020019360, and a focused control survey was conducted on . . . . . through at The Opal of Cape Coral, an assisted living facility in Cape Coral, Florida. Complaint #2020019330 was substantiated at A0030 Class II. Complaint #2020018268 was substantiated at A0008 Class III and A0025 Class II (will be as a continuation of previous citation). Complaint #2020018922 was substantiated and cited A0030 Class II. Complaint #2020019320 was substantiated at A0028 class III. Complaint #2020019360 was substantiated at A0030 Class III, A0052 Class III, A0081 Class III and A0084 Class II. Part of the tags (A0025 Class II) will be a continuation of previous citation from the follow-up survey and cited as a continuation of deficient practice on that survey. The following is a description of the deficiencies.	A 000		
A 008 SS=D	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	A 008		

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A 008	Continued From page 1	A 008		

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 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

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A 008	Continued From page 2 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 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:	A 008		

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A 008	Continued From page 3 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 whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], 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, [illegible], 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	A 008		

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A 008	Continued From page 4	A 008		

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 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

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A 008	Continued From page 5 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: Based on record reviewed and staff interview, the facility failed to update the Health Assessment 1823 form after a significant change for 1 (Resident #1) out of 5 records reviewed. The findings included: Record review for Resident #1 found she had an elopement on . . . . Further review found the most recent health assessment (HA) on record dated . . . . and indicated Resident #1 was not deemed as elopement risk. No updated HA was found on record. In an interview conducted with the administrator in training on . . . . at 12:16 p.m., she said she was not aware if the facility obtained a new	A 008		

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A 008	Continued From page 6 Health Assessment 1823 form after the resident's elopement. On at 8:45 a.m., in a follow-up interview the administrator in training said there was no updated Health Assessment 1823 on record. She said it was an oversight. In an interview with the corporate executive director confirmed on at 11:17 a.m., there was not an updated Health Assessment 1823 form on record for Resident #1. Class III	A 008		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to provide showers for two (Resident #3 and Resident #11) out of three residents reviewed for showers. The findings included: 1. Resident #3 said on at 12:39 p.m., "I just finished taking my shower. I feel so much better. I took one last week on Friday too. I had issues though. It started about 2 months ago. The aides will come and say I will be and they never came . . . to give me my shower. I	A 028		

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A 028	Continued From page 7 had it with them. They put down on their log I refused to take shower. Absolutely never in my life refused to take a shower with exception to the first day of that was . My day is Tuesday and Friday. There were times they will come only once a week if you are lucky. So I told my daughter. My grand son took care of it. Now finally got a shower." During an interview on at 3:00 p.m., the administrator in training said Resident #3's grandson complained of the lack of showers for the resident. She said she provided shower logs of the resident's refusal to Resident #3's grandson, but he did not believe her. She said she addressed the issue with the caregivers and Resident #3 got a shower last Friday and again on Tuesday. She had no way of verifying if Resident #3 received showers before. She said going forward she will ensure residents sign the form after completion of the task or if the residents refuse. 2. Resident #11 said on at 8:15 a.m., "I haven't got a shower in more than 5 weeks. They told me I can't because my bathroom is too small. I don't understand that. It is the same bathroom I had before and I used to get showers all the time. I am telling you I want a shower. I tell them all the time, no one cares here. Call lights it's a joke. Good luck getting anyone to come." The pendant call light response log for Resident #11 from to . Average response time was from 16 minutes to 99.59 minutes. There were four occasions where the resident waited 99.59 minutes. Pendant resets at 99 minutes and 59 seconds. Only in two occasions the response was less than 10 minutes.	A 028		

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A 028	Continued From page 8 On ... . at 8:30 a.m., the shower log for Resident #11 was requested. The shower log was requested again on ... . at 10:00 a.m., at 11:45 a.m., at 1:00 p.m., at 2:30 p.m. None were provided. During an interview with the administrator on .20 at 2:35 p.m. she stated, "We don't have the shower log for Resident #11. I am not going to come here and lie to you. No, she did not get showers. We did not provide showers to her. I agree that is an issue." Class III	A 028		
A 030 SS=G	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	A 030		

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A 030	Continued From page 9 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, 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	A 030		

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A 030	Continued From page 10 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 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	A 030		

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A 030	Continued From page 11 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. (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 [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], 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,	A 030		

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A 030	Continued From page 12	A 030		

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 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

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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 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 Hotline operated by the Department of Children and Families, and , 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 , 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

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A 030	Continued From page 14 resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure residents were assisted with obtaining access to adequate and appropriate health care including the management of medications and the performance with health care services consistent with established and recognized standards within the community for 5 (Resident #1, #2, #9, #12, and #13) of 5 residents reviewed for adequate and appropriate health care. The facility also failed to safeguard residents' well-being by failing to follow current control standards related to COVID-19 recommendations set forth by Centers for Control and Prevention (CDC). Refer to https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html The findings included: 1. On at 11:40 a.m., the corporate nurse provided the corporate policy titled Medication Refills (no effective or revision dates on policy). Under the title Procedure, bullet #1 it read: The designated staff person contacts the dispensing pharmacy to obtain a refill at least seven (7) days prior to running out of a medication, unless medication is on a cycle refill with the pharmacy. When the medication is ordered it is entered onto the request form. When medications are received, they are placed in the medication cart". Resident #2's Health Assessment #1823 (1823) dated indicated Resident #2 needed assistance with self-administration of medications. Record review on of	A 030		

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A 030	Continued From page 15 Resident #2's Medication Observation Record and notes for the month of , revealed the following medications were not given as ordered: On , 12, 13 and 23/20, was not given and noted as not being on the medication (med) cart at this time, awaiting the pharmacy to deliver. On , ( ) was not given and noted as medication was not on cart at this time awaiting on the pharmacy to deliver. On , 1% gel (for ,) was not given and noted as not on cart at this time, awaiting on the pharmacy to deliver. On , , (for high ,) was not given and noted as awaiting delivery from the pharmacy. On and , , patch (for , relief) was noted as not given as med not on cart at this time awaiting delivery from the pharmacy. On , , (for high ,) was noted as not given as awaiting delivery from the pharmacy. On , , and (supplements) were noted as not given as medication not in the cart at this time, awaiting on the pharmacy to deliver. Resident #9's Health Assessment #1823 dated indicated he needed assistance with self-administration of medications. Record review on or Resident #9's Medication Observation Record and notes for the month of revealed the following medications were not given as ordered: On & , (medication to treat high) was not given and noted as medication was not in the cart at this time, awaiting on pharmacy to deliver.	A 030		

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A 030	Continued From page 16 On , 8, 17, 21, 22, 25, 26, 27, 28, 29 & 30/2020, (medication for enlarged ,) was noted as medication was not in cart at this time, awaiting on the pharmacy to deliver. On at 10:43 a.m., Resident #12 said the staff assisted her with her medications. Record review of Resident #12's Medication Observation record and notes for , and of 2020 revealed the following medications were not given as ordered: On , 2, 3, 4, 5, 6, 7, 8, 10, and , , (medication for 's and restless ,) was not given and noted as medication was not in cart at this time, awaiting on the pharmacy to deliver. On & 13/20, , (medication) was not given and noted as medication was not in the cart, awaiting on the pharmacy to deliver. On , , , (for high ,) was not given and noted as medication was not in cart at this time. On , 21, 23, 24, 25 & 30/20 and , , , were not given and noted as medication was not on med cart at this time. On , C, and , (used for) were not given and noted as med not in the cart at this time. On at 11:40 a.m., the corporate nurse said she contacted the pharmacy regarding Resident #2's , patches. She said the pharmacy told her they spoke with a med tech on , and informed them they could not refill this as someone filled it at Walgreens on , . The corporate nurse could not explain why it hadn't been requested to be filled prior to running out of patches for the , application.	A 030		

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A 030	Continued From page 17 On at 1:15 p.m., the corporate nurse said she cannot explain why there were multiple medications documented as not on the med carts for Residents #2, #9, and #12. She said maybe the staff do not know the proper name of the medications and don't think it was on the cart. She said if a medication runs out, the staff should contact the pharmacy. Record review of Resident #2's chart revealed a progress note dated that said new order for with cultures and sensitivities if indicated. Progress notes contained no documentation that attempts had been made to collect the specimen. Progress note dated indicated the resident had been sent to the hospital per family request due to . Progress note dated indicated the resident had been admitted to the hospital on for , acute and failure. Progress note dated revealed Resident #2 returned to the facility on from the hospital. Lab results of was found in the chart. It indicated a collection date of 19:58, a received date of 19:59 and a reported date of 13:05. Resident #2 was inpatient at the hospital on . Record review of Resident #1's chart revealed a lab resulted that showed it was collected on at 17:29, received on 17:29 and reported on 11:24. Documentation could not be found when staff collected the specimen or when this lab had been ordered. Record review of Resident #13's chart revealed a lab resulted that showed it was	A 030		

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A 030	Continued From page 18 collected on [redacted] 18:16, received [redacted] 18:17 and reported [redacted] 11:32. Documentation could not be found when staff collected the specimen or when this lab had been ordered. On [redacted] at 10:15 a.m., the corporate nurse said the facility had no policy for [redacted] or labs. She said the doctor just writes the order and they submit it to the lab. The corporate nurse said the staff will collect the [redacted] hopefully within 24 hours. She said that typically within 72 hours, if they absolutely cannot get it, they should contact the doctor and get a home health order for straight [redacted] and if they can't, the doctor should be contacted. She said there isn't really any policy, it's just a standard protocol. She said nothing is documented that the specimen had been collected. On [redacted] at 1:45 p.m., the order for Resident #2, #1, and #13's [redacted] was requested. The corporate nurse brought [redacted] the lab pick up slip. Again, orders were requested to assess if delay in treatment between time ordered and when specimen obtained. On [redacted] at 2:15 p.m., the corporate nurse said the orders are not in-house. She said they would be at the doctor's offices and would have to contact the doctor. She agreed she could not assess if there was a delay in treatment. 2. CDC recommendations include actively screening all visitors for the presence for and symptoms of COVID-19 when they enter the building. On [redacted] and [redacted] at 8 a.m., the Agency for Healthcare Administration (AHCA) Surveyor 1 entered the facility. Surveyor 1 was not screened	A 030		

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A 030	Continued From page 19 for symptoms of COVID-19 nor had a temperature taken on either day. On at 8:45 a.m., AHCA Surveyor 2 entered the facility and spoke with the Receptionist Staff F and Licensed Practical Nurse (LPN) Staff G. Neither Staff F or Staff G screened Surveyor 2 or took a temperature before entering the building. On at Staff F said she didn't receive much training. She said she was just told told to make everyone fill the form out and take a temperature. On at 9:27 a.m., the Administrator in training arrived. She said there had been 6 positive COVID cases in the facility that week and were still awaiting further results. The administrator in training said everyone walking in the building needs to be screened and had instructed the receptionist to screen everyone on entry. 3. On at 2:20 p.m., the administrator said he was brought in approximately two weeks ago. He said the staff had been trained in COVID and should know it was inappropriate to allow people into the building without being screened. As for the medications not being on , the administrator said proper procedure was not being followed and he will train the staff and going forward assure all staff is qualified to handle medications properly. The administrator said doctors' orders should be documented in the charts as well as attempts to carry out those orders. The administrator said if he doesn't have the documentation, he will admit that. The administrator said he would take the hit and put a plan of correction in place as there is nowhere to	A 030		

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A 030	Continued From page 20 go but up from here. Class II	A 030		
A 052 SS=D	429.256(. .); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . . . . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section.	A 052		

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A 052	Continued From page 21 (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment	A 052		

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A 052	Continued From page 22 on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take	A 052		

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the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.
1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.
(g) All trained staff must adhere to the facility's

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A 052	Continued From page 24 . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, resident and staff interview and record review, the facility failed to assist residents with their self-administration of medications on a timely manner by not providing medications at a timely manner for 4 (Resident #5, #7, #8, and #9) out of 4 residents. The findings included: Resident #7 said on at 10:30 a.m., "I have issue with medications. Everything began in . I have being here since ,. Things were better then. Now it's a different story. It was in the end of . They started giving me my pills late. I take 12 pills in the morning and 13 at night. Look is 10:30 a.m. I just got my pills now. I don't blame the girl. It is not her fault, but she is the only one for the whole second floor. They have hard time keeping people here. I suppose to take my , pill early in the morning before breakfast. Its being couple of months since they gave it to me late. "" Resident #8 said on at 10:45 a.m., "My pills is the issue. I just got them now. Its late. It was not like that before . I don't blame the girl. I think she has too many people." During an interview on . . . . . at 10:58 a.m., Medication Technician (med tech) Staff E said, "I am late. I am overwhelmed with work. Look at the time. 10:58 a.m. I still have 6 med passes for	A 052		

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A 052	Continued From page 25 that cart and the whole other cart. I am the only med tech on the second floor. I started 6 a.m. It is impossible. I can't finish on time. I am always late. I wish I had help. They know. There is one more girl down stairs. Today is her first day. Yesterday the administrator, she is a nurse, she was passing med's., too." Duriing an interview on ..... at 11:31 a.m., Resident #5 said, "Main issue here is the medications are late. They are late bringing them to us. Monday the new administrator, she is a nurse, she was passing the medications. Imagine that. Everything began couple of weeks ago. I think it will get better if they hire more people." During an i nterview on ..... at 2:00 p.m., Resident #9 said, "My med's are always late. Any time of the day. Its been like that couple of months now. That poor girl she is the only one alone for the whole second floor. She does the best she can. I have a medication that I am suppose to take without food early in the morning in my , medication. Of course that never happens. I used to get them by 8:00 a.m., now its 9:45 a.m. to 10 a.m. Same thing at night. I don't blame the girls. They are overworked. They need to hire more people here.". During an interview on at 3:30 p.m., the administrator in training confirmed she passed the medication on . She said they were short staffed and since she is a nurse she had to take initiative and help passing medications. She said they had been short-staffed. Medication observation record review for Resident #5, #7, #8, and #9 found medications were to be given at 8:00 a.m. Resident #9 had medication , 50	A 052		

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A 052	Continued From page 26 micrograms (MCG) scheduled to be given at 6:00 a.m. Per order on record: "take one pill by [redacted] every morning on an empty [redacted]". Resident #9 had a medication , 40 milligrams (mg) scheduled to be given at 6:00 a.m. In an interview on at 9:45 a.m., the health and wellness director said they do not have a specific policy, however they following the standard of practice and it was expected medications will be given following a two hour window, one hour before and up to one hour after. In an interview on at 9:55 a.m., the corporate nurse confirmed the lack of specific policy. She confirmed they follow the standard of practice of the two hour window, one hour before and up to one hour after. In an interview with the corporate executive director on [redacted] at 4:00 p.m., confirmed the medications were not given in a timely manner and confirmed the facility was short staffed. Class III	A 052		
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	A 081		

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A 081	Continued From page 27 needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice 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	A 081		

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A 081	Continued From page 28 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 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 [illegible], neglect, and [illegible]. The facility must use its [illegible] 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	A 081		

Agency for Health Care Administration

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A 081	Continued From page 29 following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to provide pre-service orientation for third party staff as it is required. The findings included: Definition of staff per chapter #429.02;429256.59A-36.0012002. (37) "Staff" means any individual employed by a facility, [redacted], with a facility to provide direct or indirect services to residents, or employed by a firm under contract with a facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service that counts toward	A 081		

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A 081	Continued From page 30 meeting any staffing requirement of this rule chapter. On at 11:23 a.m., the administrator in training said in order to find a solution to their staffing issue they signed a contract with a Home Health Agency and had contacted staff in the building since . On at 8:05 a.m., when asked the administrator in training if . . . . . staff had pre-service orientation training, the administrator in training said they did not. On at 11:00 a.m., the corporate executive director confirmed the lack of pre-service orientation training. On . . . at 11:10 a.m., the corporate nurse said there was no regulatory requirement for contractors to have pre-service orientation for contractors. At that point surveyors provided the corporate nurse with regulatory definition of staff. During an interview with the business office manager on at 10:30 a.m., she said she was not aware of pre-service orientation training for third party staff. She said she has been working here for only three months and did not have any training on what was needed. Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND	A 084		

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A 084	Continued From page 31 MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for [illegible] control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and [illegible]	A 084		

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A 084	Continued From page 32 dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care prover or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with	A 084		

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A 084	Continued From page 33 self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure unlicensed persons who provided assistance with self-administration of medications receive training for 27 of 27 third party home health agency staff reviewed for medication training. The findings included:	A 084		

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A 084	Continued From page 34 Definition of staff per chapter #429.02;429256.59A-36.0012002. (37) "Staff" means any individual employed by a facility, , with a facility to provide direct or indirect services to residents, or employed by a firm under contract with a facility to provide direct or indirect services to residents when present in the facility. The term includes volunteers performing any service that counts toward meeting any staffing requirement of this rule chapter. On at 11:23 a.m., the administrator in training said in order to find a solution to their staffing issue they signed a contract with a Home Health Agency and had medication technicians (med techs) assisting residents with their self-administration of medications since . At the time of the interview a list was requested of med techs and corresponding medication training. The list was requested again on at 8:30 a.m., 12:30 p.m., and 2:45 p.m. On at 8:05 a.m., the administrator in training was asked if she obtained required medication training. The administrator in training said they did not. On at 10:45 a.m., the corporate executive director confirmed the lack of training. She provided a list of 27 home health agency med techs that have being assisting with self-administration. She said the home health agency sent them some copies of trainings that were either expired or incomplete and none met assisted living regulatory requirements. She said as of at 11:45 a.m., they will make sure	A 084		

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A 084	Continued From page 35 only nurses will pass medications from now on. The corporate executive director said she believed the business office manager was the person responsible for checking credentials prior to hiring. On [redacted] at 1:30 p.m. the business office manager confirmed she was responsible for obtaining credentials upon hiring new staff. She said no one told her she needed to check credentials for staff coming from a home health agency. She was not aware of the requirement. Class III	A 084		