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
	AL11965733	A. BUILDING: _____ B. WING _____	R 04/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as	A 160		

AHCA Form 3020-0001

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

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A 160	Continued From page 1 described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.	A 160		

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A 160	Continued From page 2 (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a copy of the contract between the facility and the staffing agency. Findings included: Resident's #83 record review revealed Staff VV was called by Resident's #83 private aid because the resident 'does not look good' on at 7:44 AM. Upon arrival the resident was found on bed, unresponsive and pulseless. 911 was called and states to put the resident on flat position and start . When was doing that paramedics comes and took over. On at 1:31 PM, Staff VV stated "On was my first day picking of a shift. I provided medications to two floors. I only work one day at the facility." Facility record review revealed no documentation of a personnel record for Staff VV. Interviewed on at 1:58 PM, the Administrator stated the facility did not have a job description for the agency nurses. The have an agreement with the agency that says the nurse is qualified. He further stated a brief orientation is	A 160		

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A 160	Continued From page 3 done with the agency nurses when they start, regarding facility policies and procedures. He stated the facility did not have documentation of the agency nurses' training, and facility policies and procedures regarding . Record review revealed that the Administrator provided the , , card for Staff VV after they were faxed to the site by the staffing company. Further review revealed that the Administrator sent the contract to the field office after the survey. Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.	A 162		

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A 162	Continued From page 4 (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property	A 162		

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A 162	Continued From page 5 disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and,	A 162		

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A 162	Continued From page 6 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, and record review, the facility failed to have a completed health assessment for five of ninety-two sampled residents (Resident # 43, #26, #89, #90, #82). Findings: Review of Resident # 43's last Health Assessment on file was found dated . No current health assessment completed within the last three years was found in the resident's record. Review of Resident #26's health assessment dated showed it was incomplete. Further review showed sections for Need Assistance with Self Administration or Needs Medication were left blank.	A 162		

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A 162	Continued From page 7 Review of Resident # 89's health Assessment dated showed that the section for Special Precautions was left blank. Review of Resident # 90's health Assessment showed it was not dated. Further review showed the sections for: Physical or Sensory Limitations, Special Precautions, and Need Assistance with Self Administration, were left blank. Review of Resident #82's health Assessment dated showed the section for Physical or Sensory Limitations was left blank. On at 11:20 a.m. the Administrator acknowledged that the health assessments were not complete. Class III	A 162		
{A 163} SS=D	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: 1) Based on observation, record review and interviews, the facility falsified the "Two-Hour	{A 163}		

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{A 163}	Continued From page 8 Resident Checks" forms for six out of 99 sample residents (Resident #33, #78, #82, #88, and #89). Findings include: Observation made during a tour of the facility 6th floor at 5:20 AM on , It was observed that Staff ZZ was sitting next to a table in the common area next to the medication carts. The Certified Nursing Assistant (C.N.A) was in possession of all unit's "Two-Hour Resident Check" forms. The C.N.A was observed writing on the Two-Hour Resident Check form. A review of a sample of 17 rounding records, 11 were found to be incomplete. Photographic Evidence: a sample of the Two-Hour Resident Check was obtained at 5:36 AM. A review of the 6th floor "Two-Hours Resident Check" forms on , it showed that the following discrepancies: 1. Resident #33- the rounding sheet was completed up to 2 AM. 2. Resident #78- the rounding sheet was completed up to 2 AM. 3. Resident #82- the rounding sheet was completed up to 2 AM. 4. Resident #84- the rounding sheet was completed up to 2 AM. 5. Resident #88- the rounding sheet was completed up to 2 AM. 6. Resident #89- the rounding sheet was completed up to 2 AM In an interview with Staff ZZ on at 5:20 AM, the C.N.A. stated that resident rounding was conducted every two hours. The C.N.A. also stated that the facility management has retrain its staff in the used of the call bell system and on resident rounding. In an Interview with Staff XX on at 8:13 AM, regarding rounding, the Administrator stated more training has been provided since the	{A 163}		

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{A 163}	Continued From page 9 Agency last inspection. Finally, the Administrator stated, "it takes a while to change a culture". A review of the facility Plan of Correction on , the facility plan stated the following as it pertains to resident rounding: "Documented wellness checks for each resident on a "Two-Hour Resident Checks" forms. The location and activity the resident is engaged in is noted on the Two-Hour Resident Checks form next to the time. Any follow-up services needed are documented in the resident record. The forms are kept in the resident room, collected daily, compared against resident census, and kept in a wellness check binder". According to the Plan of Correction, this item was corrected on . 2) A review of Resident #83 Health Assessment for Assisted Living Facility dated , the assessment showed that the resident required assistance with self-administration of medications. In an interview with Resident #83 Private Duty Aide on at 2:02 PM, the Aide stated that the medication technician gave me the medication. She stated "he did not take his evening medication on Friday ( ). I throw out the medication in the garbage because I did not like the way he was looking"(sic). The Aide further stated that Resident #83 often did not take his medications, since she found them in his bed, and threw them away. A review of the Resident #83 Medication Observation Record (MOR) for the month of on , the record showed that the evening medication technician signed the MOR on for the following medication:	{A 163}		

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{A 163}	Continued From page 10 100 mg (one tablet at bedtime). 3) On at 6:33 am, observation revealed that the 'two hour rounds sheets' were completed for residents on the fourth floor, indicating that rounds were conducted every two hours. Staff V stated "We check at 11:00 pm and 6:00 am if the resident has a private duty nurse or is on [hospice]." Hospice Nurse A, providing continuous care for Resident #51, stated that the facility staff did not enter the resident's room during the night to check on the resident, instead handing her the 'rounds sheet', on which she documented her own checks on the resident in addition to keeping her own agency's documentation. Uncorrected Class III	{A 163}		
{A 000}	Initial Comments A revisit for Complaint surveys (#2020019629, #2020006260,# 20200141) and a COVID-19 monitoring were conducted on - , . Deficiencies were identified at time of the survey.	{A 000}		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of	A 010		

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A 010	Continued From page 11 residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:	A 010		

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A 010	Continued From page 12 a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident ' s representative or designee or the resident ' s family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first.	A 010		

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A 010	Continued From page 13 A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those	A 010		

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	AL11965733	A. BUILDING: _____ B. WING _____	R 04/30/2021

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A 010	Continued From page 14 being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to discharge one out of 93 sampled residents that no longer met continued residency criteria (Resident # 82) . Findings included: Observation on [redacted] at 10:15 AM showed Resident # 82 was lying in bed. Review of Resident # 82's record showed he was admitted on [redacted]. The health assessment dated [redacted] showed the physician indicated the resident was diagnosed with [redacted], [redacted] and Collapse, [redacted] ( ), [redacted] ( ),	A 010		

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A 010	Continued From page 15 and ... ⌄ prostatic hyperplasia ( ). The physician indicated the resident required assistance with the activities of daily living. Home health record review showed the resident had care services for a ⌄ right , / right ... . The record document "continue frequent turning and repositioning every two hours, (Specially during and shifts). Interviewed on ... at 10:25 AM, Resident #82's private aid stated that resident's wife did not want to place him in hospice. She stated the resident was unable to assist with his own transfer. Interviewed on ... at 10:36 AM, Staff UU stated Resident # 82 was not receiving hospice services. She said, "We offered hospice services to him, but his wife refused. The resident will be moving out of the facility on ... ." Interviewed on ... at 11:10 AM, the Administrator stated the facility identified that Resident # 82 needed a higher level of care. He said they were going to give the resident a 45 day notice. Class III	A 010		
{A 025} SS=I	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or ⌄ , or has a change of condition in order to rule out the presence of an underlying	{A 025}		

Agency for Health Care Administration

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{A 025}	Continued From page 16 physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.	{A 025}		

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{A 025}	Continued From page 17 (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide care and services, and offer personal supervision as appropriate for 16 out of 93 sampled Residents (Residents #1, #69, # #78, #82, #83, #84, #88, #86, #89,93, #94, #95, #96, #97, and #98). The facility failed to notify the physician of any significant changes and illnesses resulting in medical attention for Resident #83. Findings Included: A) On at 2:30pm Staff F (caregiver on the day shift) stated, the Resident #83 had reported not feeling well for several days. A review of the resident's progress notes showed no documentation that the physician was contacted about the resident's condition. A review of the Resident#83's progress notes dated on Staff I and Staff H went to resident's room. Upon arrival, resident was found in bed unresponsive and pulseless.	{A 025}		

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{A 025}	Continued From page 18 On . . . . . at 1:08am, Resident#83's private aide stated when she was in the room with resident the staff do not come in the room and conduct rounds. On at 6:33am Staff L stated that she did not check on resident #83 every two hours or complete the round sheets. Staff L stated she gave the round sheet to the private duty aide to complete them. On at 10:40am, Staff C (wellness director) stated the daily assignment document and the round sheet for the dates of and . . . . . could not be located for Resident #83. B) A review of the facility's plan correction record dated . . . . . revealed that staff would conduct wellness checks which would include going in all residents' rooms and observing: 1) Location of Resident 2) Obvious sign of injury; 3) whether they are breathing; 4) Orientation (. . . . . or alert); and 5) any changes in resident's condition. Further review revealed that the wellness checks will be documented for each resident on a "Two Hour Resident Checks" form. Review of the facility records showed there was no documentation of rounds being conducted for Resident's #1, #69, #71,78, 82, 83, 84,86, 88,89, #93, #94, #95, #96, #97, and #98. C) On . . . . . at 5:20am, observed two-hour rounds sheet posted on the resident's door on the fourth and sixth floor, the two-hour round sheets were dated and were incomplete. The	{A 025}		

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{A 025}	Continued From page 19 rounding sheets were only completed from 12am -2am. On at 5:20am Staff L stated "I was just about to start rounds. I will change the round sheets at 6am". On at 5:36am, observed Staff ZZ completing two-hour rounds sheet for the residents on the floor. On at 5:36am Staff ZZ stated the resident rounds are conducted every two hours. On at 5:42am, observed 1 hour round sheet on the 3rd floor inside of a medication cart and two- hour rounds sheet for 6th floor on the table in the common area. The round sheets belonged to Resident's #78,82,84,88,89, #93, #94, #95, #96, #97, and #98. On at 5:55am Staff AA stated there are two staff members on the 3rd floor. She further stated that rounding is done every hour, "we check them". Review of the round sheets for Resident's #78,82, #93, #94, #95, #96, #97, and #98 showed the round sheets were incomplete. On the third floor, the rounding sheets were only completed from 12am-3am. 2) Review of the Resident's # # 71 and #86 post assessments dated from /2 to revealed the residents had multiple	{A 025}		

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{A 025}	Continued From page 20 A review of Resident#1's post assessment dated on and revealed the resident had in her bedroom." The resident couldn't state how she ". As an intervention, the facility installed light night in the bedroom, the resident was given non-skid free socks, increased and well-being checks, and , referral was made. A review of Resident#1's progress notes dated showed "a walking by the resident' bedroom, the resident was found on the floor in a sitting position. No visible injuries were observed. Resident was assisted to the sofa." A review of another progress note dated on showed 'a call was received for a . The resident was observed lying on the floor, open area or however the resident had a raised area to the right forehead. 911 was called and transferred the resident to the hospital. Later that day, the resident was transported to the facility from the hospital and observed to have medium over the resident's forehead." A review of Resident#69's post assessment dated on revealed "Resident observed on the floor in a sitting position with her to the bed. Resident complained of , Nurse called 911 and resident was transferred to the hospital." A review of the Resident #71's post assessment showed the resident had six times between - . After the on , the facility implemented possible interventions such a , referral, increased checks and well-being checks to prevent future . After the resident had on , the facility implemented night light in the resident's room. A post	{A 025}		

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{A 025}	Continued From page 21	{A 025}		

assessment dated on showed resident had at 2:15AM and 8:56PM.

A review of Resident#71's progress note dated showed resident observed on the floor down in the hallway. On , a progress note showed resident was found down between her sofa and table. On , a progress noted showed resident observed sitting on the floor in front of the recliner. On , a progress noted showed resident was found in a sitting position in front of her chair. The progress notes showed after each , 911, family and doctor were called, resident was assessed for injuries, and remained in the facility.

A further review of the Resident#71's progress note showed on , Resident#71 was observed in a side lying position her bed. Later that day at 8:58pm, "the resident on the floor on the right side of her body (Right arm and side of). Resident complained of and . Resident was transferred to the hospital, family, and doctor was notified."

A review of Resident# 86's post assessment dated on reported resident had on 21 and in her bedroom. The facility installed night light in her bedroom, gave the resident skid free socks, and made , referral.

A review of Resident# 86's progress note dated on revealed" During rounds on , observed resident on the floor. A small injury was observed on the right side of the resident's ."

On at 6:52am, a night light was not observed at the time of the visit.

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{A 025}	Continued From page 22 On at 11:10am, Interim Administrator stated "The residents will be looked at and they will determine if a 45 days 'notice needs to be given". Uncorrected Class II	{A 025}		
A 030 SS=J	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 23 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 24 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 25 (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 26 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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A 030	Continued From page 27 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 observation, interview and record review, the facility failed to honor the resident's right to receive adequate and appropriate health	A 030		

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A 030	Continued From page 28 care for one out of 93 residents (Resident #83). Resident #83 was found unresponsive. Facility staff did not perform ( ) on Resident #83. The resident did not have a . Findings include: A review of the facility's 24-hour communication log dated revealed, "[Resident #83] expired." A review of Resident #83's health assessment completed on showed medical history and diagnoses of , , high , Hypolipidemias, , and Lumbago. The resident was independent with all the activities of daily living. The physician indicated the resident needed assistance with medications. Further review showed that the resident was not receiving hospice services. The resident did not have a on file, per review of the resident record. A review of the agency's adverse incident database showed no incident reported for the of Resident #83 on . A review of Resident# 83's progress notes dated showed, "Staff were made aware that "resident 'not looking good' per the private duty aide." A review on the notes showed a time of transcription listed as 4:22 PM; however, the Vice President of Wellness stated that the notes were transcribed to the computer by nursing management. During an interview with Resident #83's private duty aide on at 12:15 PM, she stated,	A 030		

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A 030	Continued From page 29 "At 7 AM on . . . . . , I woke him up for his bath, but he was so heavy that day I could not get him up. So, I cleaned him up in bed. When I told him to put in his , he could not do it, so he placed it on his . . . . . I called [Staff L] when he began breathing not normal. Around 7:30 AM, he , ..." Further interviews with the private aide and facility staff found no additional information about the delay in the resident receiving assistance. In an interview with Staff L, (Medication Technician) on at 1:15 PM, she stated, "I was called by [Resident #83]'s private duty aide at 7:33 AM. Me (sic) and staffing agency nurse [Staff I] went to the room. We got to the room at 7:44 AM and he was in bed I called 911 and they said to go get the . . (Automated Electronic Defibrillator) I put the phone on speaker and went to get the . . . . I left [Staff I] with the patient. [Staff I] told me that 911 wanted her to do . . When I came . . . the paramedics were already there." Staff H further stated that she did not know if Staff I ever started . Further interview revealed no information about the length of time that it took for staff to respond, and no information about whether the . . . had pads at the time that it was retrieved. According to the American . . . Association, an Automated External Defibrillator ( ) is a computerized medical device used to revive someone from sudden . Observation on at 8:00 AM showed the . . . was not in order. The machine had no pads. In an interview with Staff I on at 1:31	A 030		

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A 030	Continued From page 30 PM, she stated, "Around 7:45 AM, [Staff H] called me to go to the 6th floor and to bring the , ... machine. I responded right away. When I got there, he was laying on the bed, . He had no , . . . when I checked. I could not do because the paramedics came right away. I was in the room for like five minutes. He , ... , like 20-25 minutes ago." A review of the Emergency Medical Services ( ) record showed that, having been dispatched to the facility at they arrived onsite at 7:53AM, less than five minutes after they were called. Further interviews and review of facility records found no documentation of what caused the 11 minute delay in staff response between when the private duty aide called at 7:33 AM and their arrival at the room at 7:44 AM. A review of a note written by Staff I dated . . . . . , with no time noted, said, "[Staff I] and [Staff H] went to resident's room. Upon arrival resident found on the bed and unresponsive and pulseless. 911 was called and 911 instructed to place resident in flat position and start . . Per [Staff I], 'when doing that' paramedics arrived and took over." A review of Staff I's record showed Basic Life Support (and) training completed on . . . . . . Interview on . . . . . at 2:00 pm, the Administrator stated regarding Staff I, who was an agency nurse . . . . . to work at the facility, "A brief orientation is done with them when they start, about facility policies and procedures." He further stated that the facility had no documentation of this orientation.	A 030		

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A 030	Continued From page 31 A review of the fire rescue run record dated showed that 911 was contacted at 7:45 AM. The paramedics arrived at the facility at 7:53 AM and to Resident #83's room at 7:56 AM. Further review revealed that "Patient found not breathing, no , , to the touch torso and extremities, ... pooling on his . . . ., livor mortis." According to scienceabc.com "Livor mortis is the fourth postmortem sign of . . . . . It is the development of a reddish-purple color to the skin due to the pooling of . . . . because of gravity. This lividity appears about 2 hours after and becomes fixed (doesn't fade once the corpse's position is changed) after approximately 6 hours." In an interview on . . . . . at 12:12 PM, Resident #83's private duty aide stated, Resident #83 was not feeling well the night of . . . . . ; however, no staff came into the room that night to check on him. She further stated due to him not looking himself "not looking to well" she made the decision to not give him his medication and to throw them away in the toilet instead. Observation on between approximately noon and 3:00 pm showed the facility's management staff searching for documentation of hourly rounds that staff on the overnight shift on (11 pm-7 am) had completed, however they were unable to find it. Further observation showed that the staff schedule for that shift was also not provided. In an interview on at 2:30 PM, Staff F (caregiver on the day shift) stated that Resident #83 was not feeling well for several days prior to	A 030		

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A 030	Continued From page 32 him dying. A review of the Resident #83's progress notes showed no documentation that he hadn't been feeling well, or that the physician was contacted about the resident's condition. A review of the facility's policy (undated) for Advance Directive and . Procedure revealed, "when a resident sustains an injury or exhibits an acute change in their condition the staff is obligated to access appropriate and timely intervention on behalf of the resident." A review of the facility's list of residents revealed there were 107 residents that did not have ( ). Class I	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	{A 052}		

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{A 052}	Continued From page 33 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. (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	{A 052}		

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{A 052}	Continued From page 34 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 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 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	{A 052}		

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{A 052}	Continued From page 35 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 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	{A 052}		

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{A 052}	Continued From page 36 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 . . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to supervise the self-administration of medication for one out of 99 sample residents (Resident #83). Finding include: A review of Resident #83 Health Assessment for Assisted Living Facility dated . . . . . , the assessment showed that the resident required assistance with self-administration of medications. In an interview with Resident #83 Private Duty Aide on . . . . . at 2:02 PM, the Aide stated that the medication technician gave me the	{A 052}		

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{A 052}	Continued From page 37 medication. She stated "he did not take his evening medication on Friday ( ). I throw out the medication in the garbage because I did not like the way he was looking"(sic). The Aide further stated that Resident #83 often did not take his medications, since she found them in his bed, and threw them away. A review of the Resident #83 Medication Observation Record (MOR) for the month of on , the record showed that the evening medication technician signed the MOR on for the following medication: 100 mg (one tablet at bedtime). Uncorrected Class III	{A 052}		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known	A 054		

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A 054	Continued From page 38 . . . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Medication Observation Record (MOR) was immediately updated after each time the medication was taken by two of 112 sampled residents. Findings included: Review of the MOR for residents #45, and #38 on showed the medications for 8:00 p.m. were not initialed for dates of , . . , 3rd and 4th 2021. A review of the MOR for Resident #45 The resident was prescribed . . . . , . . 50 mg 1 tablet oral once daily; were found not initialed for the 1st and 19th of , ... A review of the MOR for Resident #38 showed the resident was prescribed 10 mg 1 tablet at bedtime. The medication was found not initialed for the 2nd, 3rd, and 4th of , . , 50 mg 1 tablet oral once daily; was found not initialed for the 1st of , , and	A 054		

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A 054	Continued From page 39 , , , , 500 mg 2 tablets once a day was found not initialed for the 2nd of , . On at 9:30 a.m. Staff FF acknowledged the deficient practice. Class III	A 054		
A 056 SS=H	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions,	A 056		

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A 056	Continued From page 40 including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the	A 056		

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	AL11965733	A. BUILDING: _____ B. WING _____	R 04/30/2021

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A 056	Continued From page 41 manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication were filled or refilled in a timely manner for three out of 99 sample residents (Resident #44, Resident #76, and Resident #93). Findings included: A) A review of Resident #44's Demographic Information on [redacted], it showed that the resident was admitted to the facility on [redacted]. A review of Resident #44's health assessment dated [redacted], showed that the resident had a Medical History and Diagnosis of: [redacted], and [redacted]. The resident required assistance with self-administration of medications. A review of Resident #44's Medication Observation Record (MOR) for the month of [redacted], on [redacted] showed multiple written	A 056		

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A 056	Continued From page 42 entries by the medication technician detailing that the resident was not receiving one of her , ... medications. The resident had a medication order for 300 mg take one tablet by . . . twice a day. The medication technician wrote the following entries on the MOR: 1. . . . . at 5 PM- . . . . . 300 mg was not given, awaiting prescription from the physician. Nurse was made aware. 2. at 5 PM- 300 mg was not given, awaiting prescription. 3. at 5 PM- 300 mg was not given, awaiting prescription from the physician. 4. at 5 PM- 300 mg was not given, awaiting prescription from the physician. 5. at 5 PM- 300 mg was not given, awaiting prescription. A review of Nursing Observation Notes for Resident #44 showed that there was no documentation of any communication between the facility and the resident's primary health care provider regarding the resident . . . . . 300 mg medication order. A review of Resident #44's Primary Care Provider Medication Order record dated . . . . . showed that the resident had a new order for . . . 100 mg take one tablet by . . . twice a day. The prescription had a notation stating: To [facility's pharmacy] from Sterling. A review of WebMD.com showed that . . . . . is used with or without other medications to treat high . . . . , ... (, ...). Lowering high , . . . helps prevent . . . . , ... , and . . . . . problems.	A 056		

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A 056	Continued From page 43 B) A review of Resident #76's Demographic Information showed that the resident was admitted to the facility on . A review of Resident #76's Health Assessment for Assisted Living Facilities dated showed that the resident had a Medical History and Diagnosis of: , , D Deficiency, , Gait , , Dyslipidemia, , and . The resident required assistance with self-administration of medications. A review of the Resident #76's MOR for the month of , showed that the resident had a medication order for: 1. 40 mg take one tablet by every morning. 2. 40 mg take ½ tablet by every evening. A review of the MOR showed that there were multiple entries written by the medication technicians indicating that the resident was not receiving her during the month of , . The medication technicians wrote the following: 1. at 10 AM- 40 mg, awaiting [pharmacy] delivery. Medication not given. 2. at 5 PM- 40 mg take ½ tablet every evening, awaiting pharmacy delivery. 3. at 5 PM- 40 mg, awaiting [pharmacy] delivery. Take ½ tablet every evening not given.	A 056		

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A 056	Continued From page 44 4. [illegible] at 5 PM- [illegible] 40 mg, awaiting [pharmacy] delivery. Take ½ tablet once daily was not given. 5. [illegible] at 5 PM- [illegible] 40 mg take ½ tablet was not given. Awaiting pharmacy. 6. [illegible] at 10 AM- [illegible] 40 mg, awaiting doctor refill orders. Take one tablet by [illegible] once daily was not given. 7. [illegible] at 5 PM- [illegible] 40 mg, awaiting doctor refill orders. 8. [illegible] at 10 AM- [illegible] 40 mg, awaiting doctor refill orders. 9. [illegible] at 5 PM- [illegible] 40 mg, awaiting doctor refill orders. 10. [illegible] at 10 AM- [illegible] 40 mg, awaiting doctor refill orders. 11. [illegible] at 5 PM- [illegible] 40 mg, awaiting doctor refill orders. A review of Resident #76's Nursing Observation Notes showed no documentation of any communication between the facility and the resident's Primary Health Care provider regarding the [illegible] 40 mg medication order. A review of Resident #76 Resident Record showed a physician's medication order dated [illegible] for [illegible] 20 mg take two tablets by [illegible] daily. A review of WebMD.com found that [illegible] is used to reduce extra fluid in the body ([illegible]) caused by conditions such as [illegible], [illegible], and [illegible]. This can lessen symptoms such as [illegible] and [illegible] in your arms, [illegible], and abdomen. This drug is also used to treat high [illegible]. Lowering high [illegible], helps prevent [illegible], and [illegible] problems.	A 056		

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A 056	Continued From page 45 C} A review of Resident #93's Demographic Information showed that the resident was admitted to the facility on . A review of Resident #93 Health Assessment for Assisted Living Facilities dated . showed that the resident had the following Medical History and Diagnosis: , , Hearing Loss, , , Overactive , and . The resident required assistance with self-assistance with medications. A review of Resident #93's MOR for the month of , on , it showed that the resident had a medication order for: , 100 mg by at bedtime. The record also showed multiple entries written by the medication technician indicating that the resident was not receiving , 100 mg. The technician wrote the following: 1. at 8 PM- , 100 mg was not given, awaiting prescription from physician. Nurse made aware. 2. at 8 PM- , 100 mg was not given, awaiting prescription from physician. Nurse made aware. 3. at 8 PM- , 100 mg was not given. 4. at 8 PM- , 100 mg was not given, waiting for prescription from physician. Nurse made aware. 5. at 8 PM- , 100 mg was not given, waiting for prescription from physician. Nurse made aware. 6. at 8 PM- , 100 mg was not given. Awaiting prescription. 7. at 8 PM- , 100 mg was	A 056		

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A 056	Continued From page 46 not given. Awaiting prescription. A review of Resident #93's Nursing Observation Notes on , it showed that there was no documentation of any communication between the facility and the resident's Primary Health Care provider regarding the , 100 mg medication order. A review of Resident #93's Primary Health Care Provider Medication Report on , it showed that the resident had a medication order for , 100 mg take one tablet by at bedtime. The medication order start date was . A review of WebMD.com showed that , is used to treat certain mental/ conditions (such as , , , sudden episodes of or associated with). is known as an drug (type). This medication can decrease and improve your concentration, it may improve your , sleep, appetite, and energy level. The medication can help prevent severe swings or decrease how often swings occur. D) In an interview on at 12:30 PM, Staff WW (Vice President of Wellness) stated that once the nurse is notified that a resident needs a medication refill, the nurse will send a medication refill request via fax to the provider. He further stated that a copy of the fax was kept in the Follow-up Binder which is in the nurse's station. A review of the Nurses Follow-up Binder showed that there was no documentation of any communication (fax) between the facility and the	A 056		

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A 056	Continued From page 47 resident's Primary Health Care providers as it relates to medication refill/physician medication orders as it relates to Resident #44, Resident #76, and Resident #93. In an interview with Staff YY (nurse) on at 8:12 AM, she stated that the medication technician would notify the nurse on duty and then the nurse would take appropriate action such as to review medication orders, and/or medication refill. She further stated that the nurse would then notify the physician. She stated that the day shift nurse (morning) would fax the request to the provider. Finally, the nurse stated action would be taken if by the third day the situation continued. A review of the facility procedures as it relates to medication refill/medical orders dated . . . . . , showed that any fax requiring further follow-up such as: prescription requests, treatment requests, equipment orders/requests; a copy of the original fax with confirmation goes to the chart. The procedures stated that a copy of the fax goes in the follow-up book with a follow-up form, and that this process would allow continuous follow-up on issues. Class II	A 056		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or	A 058		

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A 058	Continued From page 48 administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for	A 058		

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A 058	Continued From page 49 review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility had class II and failed to correct class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, deliver, or administration during a survey. The facility is required to employ the consultant services of a licensed pharmacist or a licensed registered nurse who will, at a minimum, provide onsite quarterly consultation until an inspection by the Agency's personnel determines that such consultation services are no longer required. Findings included: During a revisit inspection ending on . . . . . , the facility was found to have uncorrected deficient practice in the areas of: Assistance with self-administration of medication. The facility failed to supervise self-administration of medication for one out of 93 sample residents	A 058		

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A 058	Continued From page 50 (Resident #83). The facility also had a class II citation regarding Medication labeling and Orders. Medications were not refilled timely for three out of 99 sample residents (Resident #44, Resident #76, and Resident #93). The facility also failed to assure that the Medication Observation Record (MOR) was immediately updated after each time the medication was taken by the residents for two out of 93 sampled residents (Residents #38 and #45). On , the facility was found to have deficient practice in the areas of Assistance with Self administration of medication. Staff failed to follow the correct procedures when assisting with self-administration of medication for two out of eighteen (Resident #7 and #17) sampled residents. The facility also failed to have a license staff administering medication medications to one out of eighteen (Resident #7) sampled residents. Class III	A 058		
A 075 SS=G	429.255( ) FS Use of Personnel; Emergency Care (....) (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b). (b) The facility is encouraged to register the location of each automated external defibrillator	A 075		

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A 075	Continued From page 51 with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw [redacted] or the use of an automated external defibrillator if presented with an order not to [redacted] executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing [redacted] or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to [redacted] executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing [redacted] or use of an automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation and interviews the facility failed to always have on the premises a functioning automated external defibrillator ( ). Findings included: A review of the facility's posted Assisted Living Facility license on showed that it is licensed for 171 beds.	A 075		

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A 075	Continued From page 52 Observation of the Automated External Defibrillator ( ) located in the nurse's station on at 9:44 AM revealed that the unit did not have any adult Electrode Defibrillator Pads, and was therefore not functional. Further observation revealed that had only this single, nonfunctional onsite to cover the seven floors where residents lived. According to the Red Cross, An , or automated external defibrillator, is used to help those experiencing sudden . It's a sophisticated, yet easy-to-use, medical device that can analyze the 's rhythm and, if necessary, deliver an electrical , or , to help the re-establish an effective rhythm. In an interview with Staff YY on at 9:45 AM, the nurse acknowledged that there was no adult Electrode Defibrillator . Class II	A 075		
{A 079} SS=I	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335	{A 079}		

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{A 079}	Continued From page 53	{A 079}		

46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and [illegible]
( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 079}	Continued From page 54 considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern	{A 079}		

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	AL11965733	A. BUILDING: _____ B. WING _____	R 04/30/2021

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{A 079}	Continued From page 55	{A 079}		

for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the

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{A 079}	Continued From page 56 agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have enough qualified staff to meet scheduled and unscheduled residents' needs. Findings included: 1. A review of the facility's observation notes dated revealed Resident #83 on On at 12:12 PM, Resident #83's private duty aide stated Resident #83 was not feeling well the night of ; however, no staff came into the room that night to check on him. A review of the Fire Rescue run report dated at 07:53 AM revealed "Patient found not breathing, no , , to the touch torso and extremities, pooling on his , livor mortis." A review of the facility's plan of correction	{A 079}		

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{A 079}	Continued From page 57 submitted for the previous inadequate staffing during a complaint investigation conducted from . . . . . to . . . . . revealed that staff would conduct wellness checks which would include going in all residents' room and observing: 1) Location of Residents; 2) Obvious signs of injury; 3) whether they are breathing; 4) Orientation of Resident; and 5) any changes in resident's baselines. Observation on . . . . . at 05:20 AM showed no staff was on 8th floor. Also observed "two-hours resident check" sheets on the residents' doors dated . On at 05:25 AM Staff N stated, "Nobody worked in 8th floor last night. We were short of staff last night." A review of the 24-Hour Communication Log, which was not dated noted "Resident #4 . . . No CNA @ the 4th floor last night." On at 6:31 AM, a Continuous Care Nurse from an agency on 4th floor stated that the staff gave her the form for 2-hour checks, and she was the one who filled it out. She stated no staff entered the room to check on the resident. On at 6:33 AM, Staff O confirmed they did not do their 2-hours rounds. Staff O stated, "We check at 11 PM and at 06 AM if the resident has a private duty nurse or if the resident is on VITAS." 2. On at 11:20 AM, the administrator stated the call lights should be answered within 20 minutes. The administrator also stated if the call lights went over 20 minutes, he would review the log to figure out the reasons for the delay.	{A 079}		

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{A 079}	Continued From page 58 Further review of the 24-hour Communication Log, which was not dated, revealed several documentation that showed the residents call lights were [illegible]: Staff noted on several occasions the call lights on # , # , #[illegible], #416, and #423 were not working properly. Also, the beeper for the residents in # [illegible] # [illegible] were reported to be [illegible] on several occasions as well. A review of the pendant and room call lights log, which documented when residents pressed an alerted when they needed staff assistance, from [illegible] to [illegible] revealed the call lights for several rooms on several occasions went over 20 minutes mark: [illegible] - [illegible] call lights duration 13 hours 42 minutes and 36 seconds. [illegible] - [illegible] call lights duration 3 hours 19 minutes and 6 seconds. [illegible] - [illegible] call lights duration 2 hours 24 minutes and 32 seconds. [illegible] - [illegible] call lights duration 4 hours 48 minutes and 3 seconds. [illegible] - [illegible] call lights duration 1 hour 21 minutes and 13 seconds. [illegible] - [illegible] call lights duration 22 minutes and 22 seconds. [illegible] - [illegible] call lights duration 4 hours 36 minutes and 46 seconds from 03:05 PM to 07:42 PM, 1 hour 03 minutes and 52 seconds from 08:24 PM to 09:28 PM, and 1 hour 49 minutes and 36 seconds from 09:28 PM to 11:18 PM. [illegible] - [illegible] call lights duration 26 minutes and 39 seconds. [illegible] - [illegible] call lights duration 23 minutes and 11 seconds from 07:32 AM to 07:56	{A 079}		

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{A 079}	Continued From page 59 AM, 42 minutes 57 seconds from 01:58 PM to 02:41 PM. [redacted] - [redacted] call lights duration 41 minutes and 55 seconds. [redacted] - [redacted] call lights duration 1 hour 40 minutes and 11 seconds. [redacted] - [redacted] call lights duration 1 hour 37 minutes and 10 seconds. [redacted] - [redacted] call lights duration 29 minutes. [redacted] - [redacted] call lights duration 36 minutes and 25 seconds. [redacted] - [redacted] call lights duration 40 minutes and 40 seconds. [redacted] - [redacted] call lights duration 35 minutes and 05 seconds. [redacted] - [redacted] call lights duration 1 hour 25 minutes and 38 seconds. [redacted] - [redacted] call lights duration 28 minutes and 16 seconds. [redacted] - [redacted] call lights duration 21 minutes. [redacted] - [redacted] call lights duration 1 hour 31 minutes and 37 seconds. [redacted] - [redacted] call lights duration 25 minutes and 31 seconds. [redacted] - [redacted] call lights duration 36 minutes and 28 seconds. [redacted] - [redacted] call lights duration 38 minutes and 59 seconds. [redacted] - [redacted] call lights duration 32 minutes and 16 seconds from 09:13 AM to 09:45 AM, 23 minutes and 37 seconds from 12:33 PM to 12:57 PM, and 45 minutes and 20 seconds from 11:19 PM to 12:04 AM. [redacted] - [redacted] call lights duration 25 minutes and 40 seconds from 09:01 PM to 09:27 PM, and 20 minutes and 57 seconds from 12:11 PM to 12:32 PM. [redacted] - [redacted] call lights duration 22	{A 079}		

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{A 079}	Continued From page 60 minutes and 37 seconds from 12:31 PM to 12:53 PM, 54 minutes and 20 seconds from 09:15 PM to 10:09 PM. - call lights duration 33 minutes and 41 seconds from 09:34 AM to 10:08 AM, and 23 minutes and 30 seconds from 10:31 PM to 10:54 PM. - call lights duration 27 minutes and 07 seconds. - call lights duration 23 minutes and 20 seconds. - call lights duration 34 minutes and 07 seconds. - call lights duration 29 minutes and 59 seconds A review of the facility's records showed no documentation on the reasons the call lights went over 20 minutes mark. There was no documentation of what residents' needs were at the time the calls were placed, On . . . . . at 07:18 AM, during an interview with Resident #99's Private duty Aide regarding the call lights, she stated, "The problem I have with them (staff) is the Emergency button." When asked to elaborate or how long it took the staff to come for the emergency call light, Resident #99's private duty Aide stated, "They come never. When they don't come! I Keep on pressing until they come. When they come, they don't look too happy with me, but if I need their help I will continue calling until they come." Class II	{A 079}		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	{A 152}		

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{A 152}	Continued From page 61 (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 storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility	{A 152}		

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{A 152}	Continued From page 62 failed to ensure that appurtenances were in good working order. The call light systems were not working properly. Findings included: A review of the facility's communication log that was not dated stated showed numerous call light and call pendant . The call lights in # , # ,# -#310, #415,#423, were . In # , the call light was ringing and the room was unoccupied. A review of the facility's call light pendant log between - 06, 2021 showed at least eight calls were made and were not answered after 25 minutes. On at 4:18 am Resident #99's private duty aide stated, "The problem I have with them is the Emergency button. They come never. When I ring it, they don't come! I Keep on pressing until they come. When they come, they don't look too happy with me, but if I need their help I will continue calling until they come". On at 11:47 am the Administrator stated," I'm aware, some of the call lights are not working. The one in my room goes off all the time". Class III Uncorrected	{A 152}		