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
	AL11911336	A. BUILDING: _____ B. WING _____	05/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIMBERLY PLACE	26315 NORTHERN CROSS ROAD PUNTA GORDA, FL 33983

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

AHCA Form 3020-0001

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

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CZ816	Continued From page 1	CZ816		

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

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

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

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

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CZ816	Continued From page 3 The findings included: 1. A review of caregiver Staff B's personnel record showed she was hired . An attestation of compliance form was not in her personnel record. Interview on at 10:25 a.m., caregvier Staff B said she did not sign this form when she was hired at the facility. 2. A review of Staff C's personnel record showed she was hired . An attestation of compliance form was not in her personnel record. Interview on at 10:45 a.m., the Administrator said she was not aware of this form. Class III .	CZ816		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan.	CZ830		

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CZ830	Continued From page 4 (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive	CZ830		

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CZ830	Continued From page 5 license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to provide status updates to the Emergency Status System (ESS) for 19 of 40 days reviewed as required by 408.821(4) Florida Statutes. The Agency may adopt rules relating to emergency management planning, communications, and operations. Licensees	CZ830		

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CZ830	Continued From page 6 providing residential or inpatient services must utilize an online database approved by the Agency to report information to the Agency regarding the provider's emergency status, planning, or operations. The findings included: A review of the ESS system from to revealed the facility failed to report status updates on , , , , , , , , , , , , , , , , and . Interview on at 11:21 a.m., the Administrator said sometimes she gets busy, and she forgets. The Administrator confirmed the entries were missing. Class III	CZ830		

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A 000	Initial Comments An unannounced abbreviated relicensure, emergency power plan monitoring and focused control survey was completed on .. .. .. at Kimberly Place an assisted living facility in Punta Gorda, Florida. The following is a description of the deficiencies. .	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner ' s form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner ' s direct observation of the patient at the time of examination and must include the patient ' s medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form, reflecting the resident ' s	A 008		

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

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A 008	Continued From page 2	A 008		

which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or services required by the individual,
4. Any special diet required by the individual,
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,
6. Whether the individual has signs or symptoms of or any other communicable , which are likely to be transmitted to other residents or staff,

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A 008	Continued From page 3 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination	A 008		

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

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A 008	Continued From page 5 admission. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure residents admitted to the facility were examined by a health care provider and had a completed Health Assessment Form (1823). The facility failed to review the Health Assessment forms for accuracy for 1 (Resident #5) of 3 resident records reviewed. The findings included: On , a review of Resident #5's clinical record revealed the resident was admitted to the facility on . Resident #5's record contained documentation of 1 Health Assessment Form (1823) signed by the health care provider with two different dates of and on the form. Further review of the Health Assessment Form (1823) revealed under Section 1. Health Assessment A: what extent the individual needs supervision or assistance with activities of daily living indicated for bathing, grooming and was check-marked for supervision and assistance. Toileting was check-marked for being independent and supervision, with no explanation as to the extent and type of supervision is needed in the comment's column. Interview on at 12:30 p.m., the Administrator reviewed the Health Assessment Form (1823) for Resident #5. The Administrator confirmed the Health Assessment Form (1823) was completed inaccurately and dated for both 2018 and 2017.	A 008		

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A 008	Continued From page 6 Class III .	A 008		
A 010	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 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	A 010		

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KIMBERLY PLACE	26315 NORTHERN CROSS ROAD PUNTA GORDA, FL 33983

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A 010	Continued From page 7 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. 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.	A 010		

Agency for Health Care Administration

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A 010	Continued From page 8 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 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 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 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	A 010		

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A 010	Continued From page 9 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 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 observations, record reviews, and interviews, the facility failed to obtain an up-dated Health Assessment Form 1823 when residents had a significant change, and failed to discharge residents when they no longer met the criteria to continue to stay at the facility for 2 (Resident #7	A 010		

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A 010	Continued From page 10 and Resident #8) of 3 resident records reviewed. The findings included: 1. A review of the facility's Agency for Health Care Administration license showed they have a Standard license. An observation was conducted on [redacted] at 8:30 a.m. through 12:15 p.m. of Resident #7. She was laying in a lounge chair in the living area. She did not get up from this chair. She did not participate in any of the activities or watch television. She slept most of this time. At 12:15 p.m., a staff member told Resident #7 it was time for lunch. The staff member tranferred Resident #7 from the lounge chair to a wheelchair. Resident #7 did not do any [redacted] on her [redacted] nor did she put her arms around the staff. Resident #7 did not participate in this transfer. The staff member provided total assistance for Resident #7 with the transfer. The staff member wheeled Resident #7 into the dining room. Resident #7 did not participate in manipulating her wheelchair. She did not put her [redacted] on the wheels of this chair nor did she shuffle her [redacted] to move the wheelchair. The staff provided total assistance to move Resident #7 with her wheelchair. Once she was placed at the dining table, the staff fed her lunch. Resident #7 did not have a utensil in her [redacted] to eat her soup or cup in her [redacted] to drink. The staff provided total assistance to Resident #7 to eat her soup and drink her liquids. The staff also placed the sandwich in her and Resident #7 bit each bite off the sandwich.	A 010		

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A 010	Continued From page 11 Once Resident #7 was finished with her meal at approximately 12:45 p.m., Staff C brought her to her room. Staff C started taking Resident #7's sweater off of her. She was asked by Staff B (interpreter) to allow Resident #7 to take her sweater off. Staff C said Resident #7 does not dress or undress herself. She had to do everything for Resident #7. Observation showed Staff C took off Resident #7's sweater, shirt and pants and Resident #7 did not participate in this Activity of Daily Living (ADL). Staff C was in the process of changing Resident #7's adult brief. She was asked by Staff B if Resident #7 used the commode. Staff C said Resident #7 did not use the commode and did not change her adult brief. Observation showed Staff C changed Resident #7's adult brief and Resident #7 did not participate in the ADL. Staff C was asked by Staff B if Resident #7 took a shower. Staff C said Resident #7 took bed baths. She did not lift her arms or to help with her bed bath. She did not use a washcloth to wash those parts she could reach. Staff C continued to say she had to do everything for Resident #7. She did none of her ADLs. A review of Resident #7's health assessment dated showed Resident #7 required assistance with ambulation, bathing, and grooming. She was independent with eating, toileting, and transferring. Further review of Resident #7's record showed there was no 45-day discharge notice and no up-dated Health Assessment Form 1823 to show the deterioration to total care.	A 010		

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A 010	Continued From page 12 An interview was conducted with Staff B at 1:00 p.m. She reviewed this health assessment and confirmed Resident #7 required total assistance with all of her ADLs. Interview on at 12:50 p.m., the Administrator said Resident #7 was able to walk two months ago. She is aware of her decline. She confirmed Resident #7 has had a decline in all her ADLs and needs total care. 2. On . . . . , observations during the survey from 8:30 a.m. through 12:52 p.m., showed Resident #8, lying across her recliner in her room, there was no participation in any activities, she did not move from the chair or the position she was laying in on the recliner, she slept during the entire period. On . . . . at 12:52 p.m., Staff C entered Resident #8's room with her lunch, she physically lifted Resident #8 up in her chair to an upright sitting position, Resident #8 did not participate in seating herself upright, Staff C provided total assistance. Staff C spoon fed Resident #8 the entire bowl of soup and liquids, Staff C placed the sandwich in Resident #8's , and she bit each bite off the sandwich, Resident #8 did not hold the utensil to eat the soup, nor the cup to drink the liquids. Staff C provided total assistance. On . . . . at 1:11 p.m., after Resident #8 finished with her meal, the Administrator and Staff C were observed physically lifting Resident #8 and proceeded to take her into the bathroom with Resident #8's . . . sliding across the floor. Resident #8 did not assist in walking or moving her . . . to walk.	A 010		

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A 010	Continued From page 13 The Administrator was observed to hold Resident #8 upright while Staff C pulled her pants and adult briefs down. The Administrator and Staff C placed Resident #8 on the toilet, Staff C removed the pants, the adult brief and Resident #8's shirt, and provided all care for Resident #8 with her Activities of Daily Living, while the Administrator combed and fixed Resident #8's hair. Resident #8 did not participate in any of the ADLs. The Administrator said the staff did everything for Resident #8. Staff C and the Administrator provided total assistance. The Administrator confirmed Resident #8 was receiving total care with Activities of Daily Living (ADL). Review of Resident #8's Health Assessment dated , indicated Resident #8 required supervision with ambulation, and transferring with use of a walker, assistance with bathing, , grooming and toileting and indicated Resident #8 was independent with eating. Further review of Resident #8's record showed there was no 45-day discharge notice and no up-dated Health Assessment Form 1823 to show the deterioration to total care. Interview on at 1:30 p.m., the Administrator stated Resident #8 did not help staff with her ADLs, staff did everything for Resident #8. The Administrator reviewed Resident #8's health assessment and confirmed Resident #8 required total assistance with all her ADLs, she stated Resident #8 was seen by the Nurse Practitioner about 3 months ago, she said there was no documentation in Resident #8's file pertaining to the results of the visit and the change in Resident #8's condition. Class III	A 010		

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A 010	Continued From page 14 .	A 010		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification 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,	A 025		

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A 025	Continued From page 15 and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the 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 observations, record reviews, and interviews, the facility failed to document significant changes is their ability to perform their Activities of Daily Living (ADLs) for 2 (Resident #7 and Resident #8) of 3 records reviewed. The findings included: 1. A review of Resident #7's health assessment dated showed she required assistance from staff with her ambulation, bathing, and grooming. She was independent with her eating, toileting and transferring. On at 12:15 p.m. a staff member transferred Resident #7 from a lounge chair to a wheelchair. Resident #7 did not participate in this transfer. There was no or using	A 025		

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A 025	Continued From page 16 her . . . and arms by holding on to the staff during this transfer. The staff also wheeled Resident #7 to the dining room. Resident #7 did not participate in this activity also. She did not use her to wheel her chair and/or shuffle her . . . to move the wheelchair. During lunch the staff fed Resident #7. Resident #7 did not use a utensil to eat her food. The staff spooned her food in her . . . The staff also fed her a sandwich by placing the sandwich in her . Resident #7 bit down on the sandwich. The staff also put Resident #7's glass to her for her to drink. She did not participate in this activity by using her . . . and arms. Observation on . . . . . at 12:45 p.m., Staff C took Resident #7 to her room. Staff C performed . . . . . and toileting for Resident #7. Resident #7 did not participate in those two ADLs. On at 12:45 p.m., Staff C was interviewed with Staff B (interpreter) and said Resident #7 required total care with all of her ADLs. She had to do everything for Resident #7. Further review of Resident #7's record showed on there was documentation on the "Resident Observation Log" form Resident #7 "needs assistance with walking, bathing and toileting." Interview on at 12:50 p.m., the Administrator said Resident #7 was able to walk two months ago. She is aware of her decline. She confirmed Resident #7 has had a decline in all her ADLs and needs total care. She did not document this in Resident #7's record.	A 025		

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A 025	Continued From page 17 2. On , observations during survey from 8:30 a.m. through 12:52 p.m., showed Resident #8 lying across her recliner in her room, there was no participation in any activities, she did not move from the chair or the position she was laying in on the recliner, she slept during the entire period. On at 12:52 p.m., Staff C entered Resident #8's room with her lunch, she physically lifted Resident #8 up in her chair in an upright sitting position. Resident #8 did not participate in seating herself upright, Staff C provided total assistance. Staff C spoon fed Resident #8 the entire bowl of soup and liquids. Staff C placed the sandwich in Resident #8's and she bit each bite off the sandwich. Resident #8 did not hold the utensil to eat the soup, nor the cup to drink the liquids. Staff C provided total assistance. On at 1:11 p.m., after Resident #8 finished with her meal, the Administrator and Staff C were observed physically lifting Resident #8 and proceeded to take her into the bathroom with Resident #8's sliding across the floor. Resident #8 did not assist in walking or moving her to walk. Administrator Staff A held Resident #8 upright while Staff C pulled her pants and adult briefs down. The Administrator and Staff C placed Resident #8 on the toilet, Staff C removed the pants, the adult brief and Resident #8's shirt. Staff C provided all care for Resident #8 with her Activities of Daily Living, while the Administrator combed and fixed Resident #8's hair. Resident #8 did not participate in the Activity of Daily Living.	A 025		

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A 025	Continued From page 18 On at 1:33 p.m., the Administrator stated the staff does everything for Resident #8. The Administrator confirmed Resident #8 was receiving total care with Activities of Daily Living. Review of Resident #8's Health Assessment dated indicated Resident #8 required supervision with ambulation, and transferring with use of walker, assistance with bathing, , grooming and toileting and indicated Resident #8 was independent with eating. Interview on at 1:33 p.m., the Administrator stated Resident #8 did not help staff with her Activities of Daily Living and staff does everything for Resident #8. The Administrator reviewed Resident #8's Health Assessment and confirmed Resident #8 required total assistance with all of her ADLs. The Administrator confirmed there was no documentation of Resident #8's decline in her clinical record. Class III .	A 025		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in	A 026		

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A 026	Continued From page 19	A 026		

selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.
(c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to show they had the required 12 hours scheduled on their activity calendar.

The findings included:

A review of the activity calendar showed a scheduled activity every day on the calendar. However, the calendar did not show the amount of time for each activity.

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	AL11911336	A. BUILDING: _____ B. WING _____	05/19/2021

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KIMBERLY PLACE	26315 NORTHERN CROSS ROAD PUNTA GORDA, FL 33983

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A 026	Continued From page 20 Observation on at 8:45 a.m., showed the activity calendar is posted on the wall in the dining room. The posted calendar is up on the wall where it would be hard for the residents to see or read. The print on the calendar is small. The calendar is also in English. Two of the staff and four residents are Spanish speaking and would not be able to read this calendar. Interview on at 9:10 a.m., the Administrator reviewed her activity calendar and said each activity lasted approximately one hour each day. She confirmed this would provide residents with seven hours of activities per week. She also agreed the calendar should be in both languages and increase the font for all residents to see and read. Class III .	A 026		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual	A 078		

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A 078	Continued From page 21 basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or	A 078		

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A 078	Continued From page 22 more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure 1 (Staff B) of 3 personnel records reviewed had a communicable statement when first hired. The findings included: A review of caregivier Staff B's personnel file showed she was hired on . There was a . . . . . ( ) test taken on . . . . . , however there was no statement from a healthcare provider showing Staff B was free from apparent signs and symptoms of communicable . Interview on at 10:25 a.m., caregiver Staff B said she only had the . statement. Class III .	A 078		
A 090	59A-36.011(11) FAC Training - . . . . . . (11) . . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one	A 090		

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A 090	Continued From page 23 hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure 1 (Staff B) of 3 personnel records reviewed had training in . ( ) within 30 days of hire. The findings included: A review of caregiver Staff B's personnel file showed she was hired on . There was no documentation that showed she had training in . Interview on at 10:25 a.m., caregiver Staff B said she does direct care work with the residents. She confirmed she had not had . training. Class III .	A 090		
A 091	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by	A 091		

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A 091	Continued From page 24 this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to document their orientation when they were hired for 1 (Staff B) of 3 personnel records reviewed. The findings included: A review of Staff B's personnel file showed was hired on . . . . . There was no documentation in Staff B's records that showed the required 2 hour pre-service orientation prior to interacting with residents. Interview on at 10:25 a.m., caregiver	A 091		

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A 091	Continued From page 25 Staff B said the Administrator trained her in her job duties, toured the home, and several other issues prior to her starting her job. She said there was no certificate in her personnel file showing this training. An interview was conducted with the Administrator on at 10:45 a.m. She provided this training for all her new staff. She will show them the home, introduce them to the residents and several other issues prior to them working. She confirmed she did not document this training in the personnel files. Class III .	A 091		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met	A 093		

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A 093	Continued From page 26	A 093		

by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and

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A 093	Continued From page 27 served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water	A 093		

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A 093	Continued From page 28 sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, and staff interview, the facility failed to ensure food was prepared and served in a safe and sanitary manner to prevent contamination and food borne illnesses. The findings included: On at 12:03 p.m., during lunch meal, Staff D was observed preparing and serving the lunch meal which consisted of soup of the day: split , and ham, tuna salad on bread, lettuce and tomato, pears and beverage of choice. Staff D was observed preparing food with gloved , opening cupboards, drawers and removing utensils, while also clearing dirty dishes, picking up dirty paper off the dining room floor , and making sandwiches. Staff D was observed removing sandwich bread from the plastic, placing tuna salad on the bread, using the contaminated gloves to touch, flatten and cut sandwiches in half to serve to residents. Staff D was observed preparing to serve the soup of the day. She donned gloves, opened the cupboards, removed the soup bowls, and placed them on the kitchen counter. She then opened the cabinet drawer and removed the soup ladle and dipped and poured soup into the bowls and served the residents. Staff D after serving the soup, keeping the gloves on, she opened the cabinets and removed the dinner plates and the sandwich bread. She then removed the tuna	A 093		

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A 093	Continued From page 29 salad, lettuce and tomato from the refrigerator. Staff D opened the bread and removed two slices with the contaiminated gloves, placed them on the plate side by side, took the knife and spread the tuna salad on one slice of the bread, she then picked up the other slice with the contaiminated gloves, and placed it on the top of the slice with the tuna salad. Staff D used her contaiminated gloves to touch the sandwich to flatten it and cut in half, place the lettuce and tomato on the plate, took the plate into the dining room and served Resident #2 the meal. Staff D while at the table, proceeded to clear the dirty soup bowl from the table with the same contaiminated gloves. Staff D was observed bending over and picking up dirty papers that were laying on the dining room floor on her way . . . to the kitchen with the dirty dishes in her contaiminated gloves. Staff D then went into the kitchen placed the dirty bowl in the kitchen sink and the dirty papers in the trash can in the kitchen. Staff D was observed going over to the kitchen counter with the same gloved , opening the sandwich bag, removing four slices of bread and placing them with the same contaiminated gloves on the dinner plates side by side. Staff D then took the knife and spread the tuna salad on one slice of bread on each plate and covered each slice with another slice of bread. Staff D then took her gloved . . . and flattened the sandwiches and cut them in halves, placing the lettuce and tomatoes on the plates and served the meals. Staff D never removed the gloves or performed hygiene after opening the cabinets and refrigerator, clearing the	A 093		

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A 093	Continued From page 30 dirty dishes, picking up the dirty papers off the floor and disposing of them in the kitchen sink and trash can. Interview on . . . . at 2:40 p.m., the Administrator said the facility staff all received training for . . . hygiene. The Administrator stated Staff D should have removed the gloves and performed . . . hygiene after clearing the dirty bowl and picking up the dirty papers from the floor, and donned clean gloves before going . . . to preparing the meal. The Administrator confirmed Staff D did not prepare and serve the meal in a sanitary manner, and this could cause the meal to be cross contaminated. Class III .	A 093		