

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969147</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/18/2021</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LASALLE ASSISTED LIVING ROCKLEDGE LLC**

**3545 MURRELL RD  
ROCKLEDGE, FL 32955**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A change of ownership survey was conducted at Harmony Villas One on 05/18/2021. The facility had deficiencies at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A 000               |                                                                                                                          |                          |
| A 025<br>SS=D            | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(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.<br><br>59A-36.007<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. | A 025               |                                                                                                                          |                          |

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LASALLE ASSISTED LIVING ROCKLEDGE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3545 MURRELL RD<br/>ROCKLEDGE, FL 32955</b>                                  |  |                                                        |
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| A 025                                                                            | <p>Continued From page 1</p> <p>(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.</p> <p>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.</p> <p>(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.</p> <p>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record reviews and interview, the facility failed to follow a health care provider's medication order for 1 of 2 sampled residents (#4).</p> <p>Findings:</p> <p>Review of resident #4's 1823 that was dated ... revealed the resident had a diagnosis of ... and required assistance with self-administration of medications.</p> <p>Review of a health care provider's order that was dated ... revealed instructions to check ... (B/P) before B/P meds were given and if ... was less than 100,</p> | A 025                                                                          |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LASALLE ASSISTED LIVING ROCKLEDGE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3545 MURRELL RD<br/>ROCKLEDGE, FL 32955</b> |                                                                                                                          |                                                        |
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| A 025                                                                            | Continued From page 2<br><br>hold the medication.<br><br>Review of the resident's Medication<br>Observation Record (MOR) revealed an entry for<br>both 10 milligrams (mg) and<br>50 mg. However, there were<br>no B/P results documented on the MOR to<br>indicate the resident's B/P was checked prior to<br>giving the medications. Continued review of the<br>resident's record revealed B/P results were not<br>documented elsewhere.<br><br>At 1 p.m. on the administrator confirmed<br>the findings and said the resident's B/P was<br>checked but the results were not documented.<br><br>Class III                                                                                                                                                                                                                                                                                                               | A 025                                                                                   |                                                                                                                          |                                                        |
| A 078<br>SS=D                                                                    | 59A-36.010(2) FAC Staffing Standards - Staff<br>(2) STAFF.<br>(a) Within 30 days after beginning employment,<br>newly hired staff must submit a written statement<br>from a health care provider documenting that the<br>individual does not have any signs or symptoms<br>of communicable. The examination<br>performed by the health care provider must have<br>been conducted no earlier than 6 months before<br>submission of the statement. Newly hired staff<br>does not include an employee transferring without<br>a break in service from one facility to another<br>when the facility is under the same management<br>or ownership.<br>1. Evidence of a negative<br>examination must be documented on an annual<br>basis. Documentation provided by the Florida<br>Department of Health or a licensed health care<br>provider certifying that there is a shortage of<br>testing materials satisfies the annual | A 078                                                                                   |                                                                                                                          |                                                        |

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| A 078                                                                            | <p>Continued From page 3</p> <p>..... 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 .....</p> <p>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 .....</p> <p>(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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(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.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <p>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</p> | A 078                                                                                   |                                                                                                                          |                                                        |

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| A 078                    | <p>Continued From page 4</p> <p>2. Maintain time sheets for all staff.<br/>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on personnel record reviews and interview, the facility failed to ensure 1 of 3 sampled staff submitted a written statement from a health care provider documenting freedom from communicable _____ from an exam that was conducted no earlier than 6 months before submission of the statement (A).</p> <p>Findings:</p> <p>Review of staff A's personnel record revealed a hire date of _____. The record contained a written statement from a health care provider documenting freedom from communicable _____ however, the statement was dated _____, which was earlier than 6 months before the submission of the statement.</p> <p>At 4:05 p.m. on _____ the administrator confirmed the findings and was unable to provide additional documentation.</p> <p>Class III</p> | A 078               |                                                                                                                          |                          |
| A 081<br>SS=D            | <p>429.52(1 &amp; 7) FS; 59A-36.011( ) FAC Training - Staff In-Service</p> <p>429.52(1)<br/>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | A 081               |                                                                                                                          |                          |

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| A 081                                                                            | <p>Continued From page 5</p> <p>preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.</p> <p>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.</p> <p>59A-36.011<br/>(2) STAFF PRESERVICE ORIENTATION.<br/>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br/>(b) New staff must complete the preservice orientation prior to interacting with residents.<br/>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br/>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br/>1. Resident's rights; and,<br/>2. The facility's license type and services offered</p> | A 081                                                                          |                                                                                                                          |  |                                                        |

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| A 081                                                                            | Continued From page 6<br><br>by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to blood borne pathogens, may be used to meet this requirement.<br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident neglect, and abuse. The facility must use its prevention policies and procedures when offering this training.<br>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides | A 081                                                                                   |                                                                                                                          |                                                        |

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| A 081                                                                            | <p>Continued From page 7</p> <p>trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.</p> <ol style="list-style-type: none"> <li>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</li> <li>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</li> </ol> <p>This Statute or Rule is not met as evidenced by:<br/>Based on personnel record reviews and interview, the facility failed to ensure 2 of 3 sampled staff signed the 2-hour preservice orientation document to indicate the staff completed the orientation (A &amp; B).</p> <p>Findings:</p> <p>Review of staff A's personnel record revealed a hire date of _____ and staff B's hire date was _____</p> | A 081                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LASALLE ASSISTED LIVING ROCKLEDGE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3545 MURRELL RD<br/>ROCKLEDGE, FL 32955</b>                                  |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 081                                                                            | Continued From page 8<br><br>Both records contained a certificate of training that was dated _____ and that indicated 2 hours of preservice orientation was given however, only the administrator signed the certificates. The staff are required to sign the certificates as well.<br><br>At 4:15 p.m. on _____ the administrator confirmed the findings and was unable to provide additional documentation.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A 081                                                                          |                                                                                                                          |  |                                                        |
| A 093<br>SS=D                                                                    | 59A-36.012(2) FAC Food Service - Dietary Standards<br><br>(2) DIETARY STANDARDS.<br>(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:<br><a href="http://www.frules.org/Gateway/reference.asp?No=Ref-04003">http://www.frules.org/Gateway/reference.asp?No=Ref-04003</a> , 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:<br><a href="http://iom.edu/Activities/Nutrition/SummaryDRIs/~media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf">http://iom.edu/Activities/Nutrition/SummaryDRIs/~media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf</a> . Therapeutic diets must meet these nutritional standards to the extent possible.<br>(b) The residents' nutritional needs must be met 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, | A 093                                                                          |                                                                                                                          |  |                                                        |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**LASALLE ASSISTED LIVING ROCKLEDGE LLC**

**3545 MURRELL RD  
ROCKLEDGE, FL 32955**

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| A 093                    | <p>Continued From page 9</p> <p>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.</p> <p>(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.</p> <p>1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.</p> <p>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.</p> <p>(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.</p> <p>(e) Therapeutic diets must be prepared and served as ordered by the health care provider.</p> <p>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</p> | A 093               |                                                                                                                          |                          |

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| A 093                    | <p>Continued From page 10</p> <p>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.</p> <p>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.</p> <p>(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.</p> <p>(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 _____.</p> <p>(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 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.</p> | A 093               |                                                                                                                          |                          |

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|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 093                    | <p>Continued From page 11</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observations, record reviews and interviews, the facility failed to provide a variety of food and failed to follow its menu.</p> <p>Findings:</p> <p>Review of the posted menu in building 3525 revealed it was labeled week 3, was dated 05/18/2021 and indicated mac and cheese, green beans, sliced tomatoes with basil, and brownie would be served for lunch.</p> <p>The menu posted in building 3545 was labeled week 1, was dated 05/18/2021 and indicated meat balls, buttered noodles, asparagus, and gelatin would be served for lunch.</p> <p>Both buildings were under the same license and therefore should have used the same menu. In addition, the menu posted in 3525 was dated wrong.</p> <p>During an interview with resident #4's family at 10:40 a.m. on 05/18/2021, the family member said the facility served spaghetti for lunch on 05/18/2021.</p> <p>Observations made in building 3525 during lunch at 12 p.m. on 05/18/2021 revealed the residents were served spaghetti. Review of week 1 menu revealed shrimp tortellini would be served for lunch on 05/18/2021 and there was no documentation to indicate spaghetti was served as a substitution.</p> <p>At 12:15 p.m. on 05/18/2021 staff A said she served spaghetti to the residents on 05/18/2021 and said she forgot to document it as a substitution.</p> <p>Class III</p> | A 093               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LASALLE ASSISTED LIVING ROCKLEDGE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3545 MURRELL RD<br/>ROCKLEDGE, FL 32955</b> |                                                                                                                          |
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| A 162<br>SS=B                                                                    | <p>59A-36.015(3) FAC Records - Resident</p> <p>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:</p> <p>(a) Resident demographic data as follows:</p> <ol style="list-style-type: none"> <li>1. Name,</li> <li>2. ,</li> <li>3. Race,</li> <li>4. Date of birth,</li> <li>5. Place of birth, if known,</li> <li>6. Social security number,</li> <li>7. Medicaid and/or Medicare number, or name of other health insurance</li> <li>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,</li> <li>9. Name, address, and telephone number of the health care provider and case manager, if applicable.</li> </ol> <p>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C.</p> <p>(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.</p> <p>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable.</p> <p>(e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C.</p> <p>(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.</p> <p>(g) For facilities that will have unlicensed staff</p> | A 162                                                                                   |                                                                                                                          |

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| A 162                                                                            | <p>Continued From page 13</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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 disbursed as required in section 429.27, F.S.</p> <p>(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:<br/><a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a>. 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.</p> <p>(m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney,</p> | A 162                                                                                   |                                                                                                                          |                                                        |

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| A 162                                                                            | <p>Continued From page 14</p> <p>where applicable.</p> <p>(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.</p> <p>(o) The resident's _____, DH Form 1896, if applicable.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. A log listing the names of residents participating in this arrangement,</li> <li>2. The resident demographic data required in this paragraph,</li> <li>3. The health assessment described in rule 59A-36.006, F.A.C.,</li> <li>4. The resident's contract described in rule 59A-36.018, F.A.C.; and,</li> <li>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.</li> </ol> <p>(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.</p> <p>(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.</p> | A 162                                                                          |                                                                                                                          |  |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969147</b>          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>05/18/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LASALLE ASSISTED LIVING ROCKLEDGE LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3545 MURRELL RD<br/>ROCKLEDGE, FL 32955</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 162                                                                            | <p>Continued From page 15</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record reviews and interview, the facility failed to ensure the informed consent for unlicensed staff to assist with self-administered medications was complete for 1 of 2 sampled residents (#3).</p> <p>Findings:</p> <p>Review of resident #3's informed consent for unlicensed staff to assist with self-administered medications revealed it was dated _____ however, it did not indicate whether or not the unlicensed staff would be overseen by a nurse, as required.</p> <p>At 3:36 p.m. on _____ the administrator confirmed the finding and was unable to provide additional documentation.</p> <p>Class</p> | A 162                                                                                   |                                                                                                                          |                                                        |