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
	AL11966607	A. BUILDING: _____ B. WING _____	06/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(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
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. (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	CZ830		

AHCA Form 3020-0001

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

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CZ830	Continued From page 1 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 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	CZ830		

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CZ830	Continued From page 2 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 submit the comprehensive emergency management plan (CEMP) annually . Findings Included: Record review conducted on . . . . . revealed the last CEMP was approved on . . During an interview with Administrator conducted on . . . . . at 5:30am, she stated the facility's CEMP had not be submitted for approval. Unclassified	CZ830		

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A 000	Initial Comments A complaint survey (#2021004765 and #2021006144) was conducted at Heron House of Largo Assisted Living Facility on . Heron House of Largo Assisted Living Facility had deficient practice identified at the time of the survey.	A 000		
A 025 SS=D	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 025		

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A 025	Continued From page 1 (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure staffing to provide daily observation of the activities of the resident and awareness of the general health, safety, and physical well-being of the residents for two (Residents #1 and #2) of two sampled residents. Findings Included: In an observation conducted on at 4:00am Resident #2 was on the first floor at the front door to the facility looking for staff.	A 025		

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A 025	Continued From page 2 In an observation conducted on at 4:00am Resident #1 was found lying on the floor next to his bed in his room with on his left . . . near his . . . . In an interview with Resident #1 conducted on at 4:00am he said that he had when trying to get up to go to the restroom. Resident #1 stated the facility is sometimes short staffed in the facility. In an interview with Resident #2 on . . . . . at 4:00am Resident #2 said that she was looking for staff to help her husband who was on the floor and had over an hour and a half prior. In an interview with Staff C on at 4:08am she said the staff may peek inside the resident's room if a call light is going off and will turn it off without checking the resident(s). In an observation conducted on . . . . from 4:00am-4:19am Staff C texted another caregiver to assist her to transfer Resident #1 off the floor after an unsuccessful transfer attempt ,while Resident #1 was lying on the floor asking to go to the restroom. On at 4:19am, Staff A and Staff C were observed assisting Resident #1 off of the floor. Staff C left the room stating she was going to get a . . . -Aid for Resident #1's arm. In an observation conducted on . . . . . at 4:22am Staff A changed Resident #1's . . . . . brief but did not assist him to the restroom as requested. Staff A assisted Resident #1 with the door to his room open.	A 025		

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A 025	Continued From page 3 In an observation conducted on : At 4:20am Staff C left to get a -aid for Resident #1's arm. At 4:25am Staff A left to get a -aid for Resident #1's arm . At 4:55am Staff B applied a bandage to Resident #1's arm. In an interview conducted on at 4:30am with Resident #2 she said that her husband had now been on the floor for 2 hours that she had been awake for, but that it could be longer. She said that the facility needs a lot more staff and she cannot find someone at night if she needs help. She said she pressed the call light pendant and when no one came she then pulled the call light in the bathroom before finally going downstairs to find help. She said she did not take her with her because she did not realize it would take so long to find someone. In an observation conducted on from 4:00am to 5:00am Resident #1 was never taken to the restroom as requested. In an interview with Staff B on at 5:00am she said it took a long time to find first aid supplies because they were difficult to find. In an interview with the Administrator conducted on at 8:00am she said that her expectation is that the staff call non-emergency transport when a resident so they can assess for injury, dress and assist residents to transfer who have . In an interview with the Administrator on at 8:52am she said that she had not been up to assess Resident #1 after his during the night and that her wellness	A 025		

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A 025	Continued From page 4 coordinators were not nurses and could not assess him. In a review of the facility schedule from . . . . . - . . . . . the third shift had multiple days with only caregivers scheduled for the entire facility, which included a locked memory care unit. In an Interview with the Administrator on . . . . /2021at 10:29am, she said the third shift is hard to staff and that she is trying to hire more night shift employees. She confirmed there were days when there were less than three caregivers on the third shift for . . . and . . , and said that practice was not her preference for this facility census and layout. Class III	A 025		
A 052 SS=D	429.256(.); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of	A 052		

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A 052	Continued From page 5 being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or	A 052		

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A 052	Continued From page 6 crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with	A 052		

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A 052	Continued From page 7 procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or	A 052		

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A 052	Continued From page 8 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the Facility failed to ensure proper assistance with self-administration of medications for five (#3, #4, #5, #6 and #7) of 5 sampled residents that required assistance with self-administration of medication. Findings Included: In an observation of the medication pass conducted on at 5:21am, Staff B did not sanitize her and provided pre-pulled medications in a paper medication cup with a name written on the bottom of the cup to identify Resident #3's medications from Resident #4's and Resident #5's medication cups, also in	A 052		

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A 052	Continued From page 9 stacked underneath it. She did not identify the medications or sdosage being given to Resident #3 and did not document on the Medication Observation Record (MOR) after given. In an observation of the medication pass conducted on ..... at 5:25am, Staff B did not sanitize her and provided pre-pulled medications in a paper medication cup with a name written on the bottom of the cup to identify Resident #4's medications from Resident #5's medication cup that was also in stacked underneath it, and did not document on the MOR after given. In an observation of the medication pass conducted on ..... at 5:28am, Staff B did not sanitize her after passing medications to Resident #4 and walked directly from Resident #4's room to Resident #5's room with a paper medication cup containing two medications for Resident #5. Resident #5 was not in her room and Staff B said she forgot that she was in the hospital. In an interview with Staff B on at 5:21am she confirmed she had pre-pulled medications for the residents, and it was her standard practice to do this and to write their names on the paper med cups, because that is how she was trained. In an observation of medication pass with Staff A on at 5:34am the medication cart was left unlocked and the MOR screen was open when Staff A walked away from the cart to give medications in . Staff A did not tell Resident #6 the name of the medication or the doses being provided and did not document on the MOR after given.	A 052		

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A 052	Continued From page 10 In an interview conducted with Staff A on . . . . . at 5:35am after providing Resident #6 with her medications she stated she was unaware of Resident #6's last name and that she does not usually pass medications on that hallway. In an observation of medication pass with Staff A on . . . . . at 5:36am Staff A did not sanitize her , retrieved another pre-filled paper medication cup from the cart and left the medication cart unlocked as she walked down the hall to the facility foyer to provide medications to Resident #7. She did not tell Resident #7 the name or dosages of the medications and turned away from the resident immediately after handing the cup to him to go open the facility front door for a staff member arriving. Staff A did not go to Resident #7 to ensure he took the medications. An interview conducted with the Administrator on at 2:37pm revealed that the expectation is for Med Techs to never pre-pull medications, to know the name of the residents they are assisting with self-administration of medications, to identify the medication name and dosage to the resident and stay until the medication is taken. In a review on . . . . . of the facility Medication Management Policy and Procedure, medications are to be charted and check marked after given. Class III	A 052		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal	A 055		

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HERON HOUSE OF LARGO	2050 EAST BAY DRIVE LARGO, FL 33771

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 055	Continued From page 11 (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;	A 055		

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A 055	Continued From page 12 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	A 055		

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A 055	Continued From page 13 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the medication carts were locked at all times when not in use. Findings Included: During an observation of the medication pass conducted on at 5:34am, Staff A walked away from the medication cart on the first floor and walked into # . Staff A did not lock the medication cart when she walked away. An interview was conducted on at 11:34am, the Administrator stated her expectation is that the staff lock the medication cart when it is unattended. Class III	A 055		
A 056 SS=G	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient	A 056		

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A 056	Continued From page 14 medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.	A 056		

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A 056	Continued From page 15 (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that prescriptions for 2	A 056		

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A 056	Continued From page 16 (Resident#13 and # 14) of 2 residents who required assistance with self-administration of medication were filled in a timely manner. Findings included: A record review conducted on revealed Resident #13 was admitted to the facility on with an admitting diagnosis of , , , ( ) and , . A record review of Residents#13 Agency for Healthcare Administration (AHCA) form 1823 health assessment dated , revealed Resident #13's required assistance with most activities of daily living (ADL). A record review of Resident#13's Medications Observation Records (MOR) showed; Resident#13 was ordered the following medications on ; 3.123 MF tabs take 1 tablet by twice daily, , 5 MG TABS take 1 table by twice daily, , 5 MG TABS take 1 tablet by daily, 20 MG CPDR take 1 capsule by daily, 20 MG TABS take 1 tablet by at bedtime. The MORs showed no indication that any medications were provided as per physician order to Resident#13 for periods , through , the medications records revealed medications not in cart. A record review conducted on revealed Resident #14 was admitted to the facility on with a admitting diagnosis of , , ( ), , , ( ), , rheumatiod ( ), , alchol (ETOTL) ,	A 056		

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A 056	Continued From page 17 . . . . . A record review of Residents#14 Agency for Healthcare Administration (AHCA) form 1823 health assessment dated . . . . . , revealed Resident #14's required assistance with all activities of daily living (ADL). The Medications Observations records showed no indication that any medications were provided as per physician order to Resident #14 for periods through . . . . . , the medications records revealed medications not in cart. A record review of Resident#14's MORs revealed Resident#14 was ordered the following medications on , : 250 MG TABS take one tablet by . . . . bedtime, , 25 MCG TAB take 1 tablet by . . . on an empty . . . . once every morning, . 200 MG CAPS take 1 capsule by . . . once daily, . , . 2.5 MG TABS take 1 tablet by mouthy twice daily, ... 5 MG TABS take one tablet by . . every night at bedtime, , 25 MG TABS take 1 tablet by . . . twice daily, . . . , 50 MG TABS take one tablet by . . . . at bedtime. During an interview conducted on at 9:17 a.m. with the Administrator, the Administrator stated, "I know for a fact that we never got any medications!" for Resident#13 or Resident#14. The Administrator stated, "I do believe they both was admitted with medication, but we never got them, there insurance never paid us, what are we supposed to do!" The administrator stated, "I put way too much trust in my last Health and Wellness Coordinator, that was her job to ensure it gets done." Since I have been the Administrator in , Resident#13 or Resident#14 did not receive their physician ordered medications.	A 056		

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A 056	Continued From page 18 A record review of Resident#14 progress notes dated showed that Resident#14 was sent out to the local hospital for and , On Resident#14 went out to the hospital for and , During an interview conducted on at 10:30 a.m. with the Administrator, the Administrator stated, the facility does not have a specific policy or procedure to ensure that all residents get their physician ordered medications. The Administrator stated, if the resident cannot pay for it, the pharmacy will not fill them. Class II	A 056		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care	A 079		

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A 079	Continued From page 19 participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be	A 079		

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A 079	Continued From page 20 in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The	A 079		

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A 079	Continued From page 21 facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health,	A 079		

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A 079	Continued From page 22 extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that there was a staff in the facility at all times that had a current First Aid and ( ). Findings Included: Record review conducted revealed Staff A , hired on and worked 11p-7am, did not have and First Aid training. Record review conducted revealed Staff B, hired on and worked 11p-7am, did not have and First Aid training. Record review conducted revealed Staff C, hired on and worked 11p-7am, did not have and First Aid training. During an interview with the Administrator conducted on at 7:45am she agreed there was no evidence of and First Aid training in Staff A, Staff B or Staff C's file. Class III	A 079		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1)	A 081		

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A 081	Continued From page 23 (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by	A 081		

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A 081	Continued From page 24 the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in 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 borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its	A 081		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 081	Continued From page 25 . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff that provide direct care to residents had training in Resident Rights and Recognizing and reporting resident , neglect, and . , ... within 30 days of employment for 1 (Staff A) of 3 sampled. Findings Included:	A 081		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966607	A. BUILDING: _____ B. WING _____	06/29/2021

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A 081	Continued From page 26 Record review conducted revealed Staff A , hired on , did not have training in Resident Rights and Recognizing and reporting resident , neglect, and . An interview with the Administrator conducted on at 6:30am, she stated human resources said that since Staff A was a Certified Nursing Assistant (CNA) she did not require the Resident Rights and Recognizing and reporting resident , neglect, and training. Class III	A 081		