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
	AL11965870	A. BUILDING: _____ B. WING _____	06/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 ZOURCE LIVING CARE	1401 NE 176 STREET MIAMI, FL 33162

(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 000	Initial Comments A Complaint #2021008704 Survey was conducted at 1 Zource Living Care on . . . . . Deficiencies were identified at the time of the visit.	A 000		
A 052 SS=G	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section.	A 052		

AHCA Form 3020-0001

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

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A 052	Continued From page 1 (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (h) Using a [illegible] to perform [illegible] level checks. (i) Assisting with putting on and taking off [illegible] stockings. (j) Assisting with applying and removing an [illegible] but not with titrating the prescribed [illegible] 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 [illegible] bags. (4) Assistance with self-administration does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment	A 052		

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A 052	Continued From page 2 on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take	A 052		

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A 052	Continued From page 3	A 052		

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

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A 052	Continued From page 4 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, record review and interview, the facility failed to ensure that staff followed the procedures outlined by the state while assisting residents with self-administered medications and follow proper dosage by pharmacy listed on medication bottle for one out of two sampled residents (Resident #1). The staff provided double the prescribed amount of medication to Resident #1. Findings included: On at 7:10 AM, observed on a small dining table six medications for Resident #2 dispensed in a cup. The medications observed in the cup were: - 4 mg- two full tablets and an additional half tablet (10 mg). - 81 mg tablet- one full tablet. - 80 mg- half of the tablet. - 40 mg- half of the tablet. - 1 mg- one full tablet. - 600 mg- half of the tablet. On at 7:15 AM Staff A was asked whose medication were in the cup and stated, "They are for Resident #2. He woke up to take the medication but went to bed. I was just waiting for him to get up so I can give them to him." On at 7:30 AM after medication	A 052		

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A 052	Continued From page 5 reconciliation was complete it was revealed and observed that, according to the instructions on the bottle and the Medication Observation Record (MOR), the , dosage prescribed was for one half of the 4 mg tablet (2 mg). Staff A was asked if she had been giving the resident the two and a half tablets (10 mg) daily. Staff A stated, "yes I have been giving him the same tablets daily for the entire month." Resident #2's handwritten medication sheet showed: 1) ., - 1 x daily -8 AM- 81 mg; initialed as given on . 2) . . . ., . . . - 1 x daily- 8 AM -1 mg; initialed as given on . 3) . , . . 1 x ½ daily - 8 AM - 40 mg; initialed as given on . 5) . . . . , . - ½ daily- 8 AM, 1 PM, 6 PM -600 mg - initialed as given on . 6) , ... x 2 x - 8 AM, 8 PM - 4 mg . NA 100 mg cap- initialed as given on . . . . . 7) . ½ tab- 8 PM - 80 mg. 8) . . , . . . (½ tab) - 8 PM - 500 mg; initialed as given on . 9) . . . . . , . - 8 AM- 200 mg initialed as given from . . . , to . , . (Bottle not in the facility). Medical records dated . . . . . showed Resident #2's current medications as follows: 1) ., 81 mg . . . tab 2) . 80 mg tab 3) . . . . . , . . . 1 mg tab 4) , , 40 MH=g tab 5) . . , . . . 500 mg 24 HR (ER) SA tab 6) . . NA 100 mg cap 7) . . . , . . . 600 mg tab 8) , 4 mg tab	A 052		

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A 052	Continued From page 6 A review of Resident #2's health assessment dated documented diagnoses: Arthralgia ( ), . The resident had (both) and needed assistance with ambulation and activities of daily living (ADL). The resident was oriented to person, place, time, but not to situation. Nursing treatment/ service requirements: Administration of PO (by) medications. The resident was independent with eating, and toileting and needed assistance with ambulation, bathing, self-care (grooming) and transferring. Observation on at 10:05 am revealed Staff A bring the bin with medication cards for Resident #2 inside. Staff identified Resident #2. Began to punch the medications in a cup without verifying the medication sheet. Once medication tablets were place into cup Staff A poured medication tablet in the resident . When asked if resident can hold the cup and pour it in his own , Staff stated, "yes, he can but I always do it." The last three tablets were place into cup and the cup was handed to resident where he was able to swallow on his own and drink some water. Staff left room and continued with her duties. Staff A did not read the medication label aloud and verbally prompt Resident #2 to take medications as prescribed. On at 2:53 PM, Resident #2's nurse was contacted and informed of possible overdose of medication . Interview and record review conducted on at 2:53 PM with Resident #2's	A 052		

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A 052	Continued From page 7 Registered Nurse(RN), who reviewed doctor orders and stated, "Resident #2's ordered medications were as follows: 1) NA 200 mg capsule- take two capsules by everyday as needed for softener. 2) 325 mg one tablet by (medication is as needed) 3) 80 mg tab- take on half tablet by at bedtime for 4) 40 mg tab- take one half tablet by every day for , and for 5) 1 mg tab- take one tablet by every day for tremors and stiffness, 6) 600 mg tab- take one-half tablet by three times a day for , and for 7) 4 mg tab- take one- half tablet by twice a day at bedtime for . 8) 50 mg 24ER SA tab- two tablets by at bedtime for . 9) 81 mg tab- take one tablet by every day for history of , was discontinued in . The RN stated, "Sometimes the pharmacy does not have the 2 mg tablet and instead use the 4 mg tablets. I know she is fairly new, but I have gone over the medications with her. All they have to do it read the label and it will tell you the exact dosage for the resident to have. I did see him recently I believe on Wednesday, and he appear to be okay. But I did not know this was occurring. I have to let the doctor know and I will have her call you ." Observation made on at 10:05 AM of Staff A revealed that she punched tablets into a cup then poured each tablet, a total of seven medications, into Resident #2's .	A 052		

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A 052	Continued From page 8 On at 3:26 PM the physician's RN was contacted regarding the dosage of given to Resident #2 (two and one half 4 mg tablets, for a total of 10 mg of the medication). Resident #2's physician stated, "Thank you for catching that. I have to call the facility. We will have him come in and have and run some labs for him. I know the nurse is new there and the previous nurse was very good but is no longer there." at 11:48 AM Resident #2's physician called and stated, " We sent him to the emergency room and had do labs. We called poison control, they ran an and He is feeling fine. I talk to the facility and the patient, and he is okay for now. We will continue to follow-up. The nurse and I will be going to see him to this week. We will discuss with him about getting a higher level of care if needed with patient." The physician also verified whether the caregiver was a licensed nurse and was advise the caregiver was unlicensed. Class II	A 052		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and	A 053		

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A 053	Continued From page 9 reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including [illegible] testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that only a licensed health care provider administered medication to one of two (Resident #2) sampled residents. Findings included:	A 053		

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A 053	Continued From page 10 Resident record review revealed that Resident #2 required assistance with ambulation, bathing, self-care (grooming) and transferring, and assistance with self-administration of medication. Personnel record review revealed that Staff A hired on . . . . . was not licensed to administer medications. Observation on at 10:05 am revealed Staff A brougt the nedication bin with medication cards for Resident #2. Staff identified Resident #2. Began to punch the medications in a cup without verifying the medication sheet. Once medication tablets were place into cup Staff A poured medication tablet in the resident . When asked if resident can hold the cup and pour it in his own , Staff stated, "yes, he can but I always do it." The last three tablets were place into cup and the cup was handed to resident where he was able to swallow on his own and drink some water. Staff left room and continued with her duties. Staff A did not read the medication label aloud and verbally prompt Resident #2 to take medications as prescribed. On at 1:20 PM the Administrator stated, "Staff A was trained to assist with medications however she is still new as an employee." Class III	A 053		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription	A 054		

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A 054	Continued From page 11 number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain accurate medication records for one out of two (resident #2) sampled residents. Findings included: On at 7:15 AM the dining area with a cup with medication tablets in a cup for Resident #2. Review of Resident #2's record revealed the	A 054		

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A 054	Continued From page 12 medication sheet was already initialed for the 8 AM medications. On at 7:15 AM Staff A was asked whose medications were in the cup and stated, "They are for Resident #2. He woke up to take the medication but went to bed. I was just waiting for him to get up so I can give them to him." Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (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 055		

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A 055	Continued From page 13 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; 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	A 055		

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	AL11965870	A. BUILDING: _____ B. WING _____	06/24/2021

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A 055	Continued From page 14 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 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 observations and interview the facility failed to ensure medications were locked at all times for one out of two (Resident #2) sampled residents. Findings included: On at 7:10 Am medications tablets belonging to Resident #2 were found unsecured in locked area in a cup on the dining table. Staff A confirmed the medications belonged to Resident #2 and that he was suppose to take them but went . . . to bed instead. Class III	A 055		

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A 058	Continued From page 15	A 058		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist	A 058		

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A 058	Continued From page 16 licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain compliance with regulatory guidelines regarding assistance with medication administration. The facility must employ the consultant services of a licensed pharmacist or registered nurse who will, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. Findings:	A 058		

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A 058	Continued From page 17 The facility failed to ensure that staff followed the procedures outlined by the state while assisting residents with self-administered medications and follow proper dosage by pharmacy listed on medication bottle for one out of two sampled residents (Resident #1). The staff provided double the prescribed amount of medication to Resident #1. The facility failed to ensure that only a licensed health care provider administered medication to one of two (Resident #2) sampled residents. The facility failed to maintain accurate medication records for one out of two (resident #2) sampled residents. The facility failed to ensure medications were locked at all times for one out of two (Resident #2) sampled residents. Class III	A 058		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule	A 084		

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A 084	Continued From page 18 requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, . . , . . dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility	A 084		

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A 084	Continued From page 19 employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the	A 084		

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A 084	Continued From page 20 effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of two (Staff A) sampled staff who assist with the self-administration of medication and have successfully completed 6 hours of training on assistance with self-administration of medication training. Findings included: Review Staff A's records revealed the medication training for six hours dated as completed on [redacted] however the nurse credentials was dated as given before the staff was ever hired. On at 10:45 AM The administrator stated, "My wife is a nurse she is the one who did	A 084		

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A 084	Continued From page 21 the training." Class III	A 084		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

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A 152	Continued From page 22 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the facility was free of pests and a safe. Findings included: On at 7:17 AM it was observed a large roach walking down the hallway and Staff A observed as she stepped on it and stated, "We called the pest control yesterday after health department came. They (pest company) are expected to be here today. I called my boss, there are no rats only roaches. Yesterday health department came out and found roaches." On . . . . at 7:30 AM observed the bathrooms and the resident rooms with not toilet tissue. Staff A was asked why the bathroom had no toilet tissue and where the toilet tissue was. Staff A was observed as she unlocked the storage room where a pack of toilet tissue was kept and stated 'we have it here'. "The residents are given a roll each to keep." Class III	A 152		