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
	AL11969074	A. BUILDING: _____ B. WING _____	08/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING	1061 TOMYN BLVD OCOEE, FL 34761

(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 Investigation #2021005109 and generator monitoring was conducted at Inspired Living-Ocoee Assisted Living Facility on . . . . The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner ' s form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner ' s direct observation of the patient at the time of examination and must include the patient ' s medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form, reflecting the resident ' s condition on the date the examination is performed, becomes a permanent part of the facility ' s record of the resident and must be	A 008		

AHCA Form 3020-0001

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

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

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A 008	Continued From page 2 shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an	A 008		

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

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

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A 008	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain 1 of 4 sampled residents (#2) to AHCA Form 1823 Health Assessment examination that was completed by a healthcare provider within 60 calendar days before or 30 days after admission into the facility as required. Findings: Resident #2's record review revealed admission date . There was no evidence of an 1823 Health Assessment completed by the healthcare provider located in the file. On at 4:30 PM, an interview with the Health Wellness Director confirmed the finding. Class III	A 008		
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	A 025		

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A 025	Continued From page 6 condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (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.	A 025		

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A 025	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on facility's documentation, record reviews and interviews, the facility failed to provide appropriate care and services by following orders given by a healthcare provider for 2 of 4 sampled residents (#1, #4); and the facility failed to maintain written facility documentation for 3 of 4 sampled residents (#1, #2 & #4) as required. Findings: 1. Resident #1's record review revealed admission date . . . . . The last 1823 Health Assessment dated documented medical history of . . . . . , legally . . . , frequent . . . , ... (. . .), ... , ... (. . .), ... , and D deficiency. Resident #1 need assistance with self-administration of medications and one to one person assist transferring. She needs assistance with all Activities of Daily Living (ADLs). (Photographic Evidence Obtained) On , the facility's Advanced Practitioner Registered Nurse (APRN) visited resident #1 & ordered lab work to be completed for changes in resident #1 behaviors and a . . . The facility had no written documentation about the . . . The APRN had notified the family about the . On , , was ordered for ambulation and transferring by APRN. On . . . . . , the lab work came . . . positive for E- in . sample. , 500	A 025		

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A 025	Continued From page 8 milligram (mg) ordered to be taken for 5 days twice daily. No written documentation by the facility following up with the healthcare provider and family for the being completed after . On , a note that the APRN visited resident #1, and ordered Skilled Nursing (SN) for a development of a on her observed. The facility did not have documentation related to the . No written documentation and no follow up by the facility and by Home Health Agency that SN was addressed, and no written documentation that the family was notified. On at 3 PM, reviewed hospital emergency room (ER) discharge orders that resident #1 had another with positive E- . Resident #1 returned next day on to the facility with , 500 mg to take for next 5 days, twice daily. On , the facility documented that prior Health Wellness Director (HWD) observed another on resident #1 when resident #1 again. 911 was called and resident #1 was transported to the hospital never returning to the assisted living facility. 2. Resident #2's record review revealed only the financial contract agreement dated but no facility's written documentation found in the file. 3. Resident #4's record review revealed	A 025		

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A 025	Continued From page 9 admission date . . . . The last 1823 Health Assessment dated documented medical history of . . . . . , tremors, ... and . . . . . She needs assistance with Activities of Daily Living (ADLs) with ambulation, transferring, bathing, toileting, and . . . . . Independent with grooming and eating. She needs assistance with self-administration of medications. On . . . . . , a note found that the APRN visited resident #4 and ordered Skilled Nursing (SN) for an ongoing . . . . on left . . . from . . . . . that developed. No follow up and no evidence of written documentation by the facility and by HHA about the . On at 2:30 PM, the Home Health Agency (HHA) visited and . . . . care was provided. The was cleaned on left . Th . . . . is healing by scabbing without . . . . . No stage or measurement of the was documented. In addition, the facility did not have any written documentation about the and reason why HHA delayed with start date caring for the . . . No follow up and no evidence of written documentation by the facility and by HHA about the . On , HHA documented that left . . . . assessed, skin intact. No redness or no . . . . . and to leave open for air. Reassess in a week. No stage and no measurement of the was documented. No more evidence of written documentation	A 025		

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A 025	Continued From page 10 found by facility and by HHA of an update or follow up thereafter. On at 2:40 PM, an interview with the Administrator confirmed the findings and further stated that she started employment in at the facility; and the prior Health Wellness Director who was responsible for these findings quit during the same time. On at 4:30 PM, an interview with the Health Wellness Director confirmed the findings. Class III	A 025		