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 |
|---|---|---|---|
| | AL11968235 | A. BUILDING: _____ B. WING _____ | 08/23/2021 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| DISCOVERY VILLAGE AT MELBOURNE | 3260 N HARBOR CITY BLVD MELBOURNE, FL 32935 |

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| A 000 | Initial Comments<br><br>A re-licensure survey with Limited Nursing Services (LNS) was conducted at Discovery Village on . The facility had deficiencies at the time of the investigation. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with rule | A 025 | | |

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| A 025 | Continued From page 1<br><br>59A-36.012, F.A.C.<br>(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.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(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.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to provide care and services appropriate to meet the needs to ensure safety through proactive measures to minimize the potential for and injuries for 1 of 3 sampled residents who experienced repeated . . (#5).<br><br>Findings:<br><br>Review of resident #5's record revealed a facility admission date of . An 1823 health assessment form that was dated . . .. indicated the resident's diagnoses included . . . . 's . . . . , . . . . , . . . . , difficulty walking, . . . | A 025 | | |

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| A 025 | Continued From page 2<br>and . . . . . The form also indicated he required precautions.<br><br>Review of documentation in the resident's record revealed the following:<br><br>A health care provider's order that was dated for physical and occupational therapies due to . . and . . . . . .<br><br>On . . . . at 6:10 a.m. he was observed on the floor laying on his left side by the bed. He sustained a . . . . on his left . . . . .<br><br>On . . . . . at 7:30 a.m. he was seen on the floor beside his bed. He said he rolled out of bed. No injuries noted.<br><br>On . . . . . at 8 a.m. he was found on the floor. He said he did not know how he . He complained of right , , but refused to go to the hospital. An , was ordered.<br><br>On at 11 a.m. he was found on the floor. He denied falling and said he did not know why he was on the floor. was called but he refused transfer to a hospital.<br><br>The resident's record did not contain documentation to indicate the facility took any proactive measures to minimize the potential for further .<br><br>On at 3:20 p.m. nurse F said she reminded the resident to use his call bell.<br><br>On . . . . . at 3:23 p.m. the director of nursing said she encouraged the resident to keep his call bell on his body and to ask for assistance. She also said the staff communicated with the | A 025 | | |

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| A 025 | Continued From page 3<br>resident's health care providers and followed their directions.<br><br>Class III | A 025 | | |
| A 054 SS=D | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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 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.<br>(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:<br>1. The name of the resident and any known the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(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. | A 054 | | |

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| A 054 | Continued From page 4<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) for 1 of 3 sampled residents was properly updated (#5).<br><br>Findings:<br><br>Review of resident #5's record revealed a facility admission date of . An 1823 health assessment form that was dated indicated the resident's diagnoses included 's , major , , difficulty walking, and , . He required assistance with self-administration of medications.<br><br>Review of the resident's , and MORs revealed the following:<br><br>On his 8 a.m., 1 p.m. and 2 p.m. medications were not signed as given.<br><br>On his 8 a.m., 1 p.m., 2 p.m., 5 p.m., 8 p.m. and 10 p.m. meds were not signed.<br><br>On his 6 a.m., 8 a.m., 1 p.m. and 2 p.m. meds were not signed.<br><br>On his 8 a.m., 9 a.m., 1 p.m. and 2 p.m. meds were not signed.<br><br>On his 8 p.m. and 10 p.m. meds were not signed.<br><br>On at 3:10 p.m. the Director of Nursing | A 054 | | |

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| A 054 | Continued From page 5<br><br>(DON) confirmed the findings. She said the holes on were because the resident had a . She could not explain the other omissions.<br><br>Class III | A 054 | | |
| A 078 SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of<br>2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . | A 078 | | |

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| A 078 | Continued From page 6<br><br>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(d) An assisted living facility . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 staff (E) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment. | A 078 | | |

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| A 078 | Continued From page 7<br><br>Findings:<br><br>On at 1 p.m. the DON identified nurse E as the facility's RN for LNS.<br><br>Review of nurse E's personnel file revealed a nursing consulting agreement that was dated between nurse E and the facility.<br><br>The file did not contain a written statement from a health care provider documenting freedom from communicable .<br><br>On at 3:30 p.m. the business office manager (BOM) confirmed the finding and was unable to provide additional documentation.<br><br>Class III | A 078 | | |
| A 081 SS=D | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52(1)<br>(1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The 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.<br><br>(7) Facility staff shall participate in inservice | A 081 | | |

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| A 081 | Continued From page 8 | A 081 | | |

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 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

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| A 081 | Continued From page 9 | A 081 | | |

sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne [illegible], 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 [illegible], neglect, and , . The facility must use its [illegible] 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

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| A 081 | Continued From page 10<br><br>handling practices.<br>(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.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record reviews and interview, the facility failed to have evidence that 1 of 5 sampled staff (D and E) received the required in-service training.<br><br>Findings:<br><br>1. Review of the facility's background screening roster revealed it noted staff D the administrator was hired at the facility on [redacted].<br><br>Personnel record review for staff D, revealed there were certificates for facility emergency procedure dated [redacted] and [redacted]/elopement procedures dated [redacted] that were completed at another facility. There was no documentation to confirm that she had received the facility specific training on the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and the facility's resident elopement response policies and procedures. | A 081 | | |

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| A 081 | Continued From page 11<br><br>On . . . . . at 3 PM, the business office manager confirmed the findings.<br><br>2. On . . . . . at 1 p.m. the DON identified nurse E as the facility's RN for LNS.<br><br>Review of nurse E's personnel file revealed a nursing consulting agreement that was dated between nurse E and the facility.<br><br>The file did not contain documentation to indicate nurse E received the following required trainings:<br><br>2-hour preservice orientation<br>resident elopement response<br>reporting adverse incidents<br>facility emergency procedures including chain of command and roles related to emergency evacuation<br>resident rights<br>recognizing and reporting resident , neglect, and . . , . . . . .<br><br>On . . . . . at 3:30 p.m. the Business Office Manager confirmed the findings and was unable to provide additional documentation.<br><br>Class III | A 081 | | |
| A 084 SS=D | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed | A 084 | | |

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| A 084 | Continued From page 12<br>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:<br>(a) Training must cover state law and rule 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.<br>(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:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, , dosage forms, and , , and dosage forms; | A 084 | | |

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| DISCOVERY VILLAGE AT MELBOURNE | 3260 N HARBOR CITY BLVD MELBOURNE, FL 32935 |

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| A 084 | Continued From page 13<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse reactions to medications and report such reactions;<br>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;<br>i. Assist with ;<br>j. Use a to perform testing;<br>k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;<br>l. Apply and remove stockings and hosiery;<br>m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and,<br>n. Measurement of , , rate, temperature, and , rate.<br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have | A 084 | | |

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| A 084 | Continued From page 14<br><br>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.<br>(d) Trained unlicensed staff who, prior to the 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.<br><br>429.52<br>(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<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview 1 of 2 sampled unlicensed staff (B) who provided assistance with the resident's medication did not receive 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 provided by a licensed registered nurse, or a licensed pharmacist. | A 084 | | |

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| A 084 | Continued From page 15<br><br>Findings:<br><br>On . . . . . at 12:30 PM, staff B, stated she provided assistance with the resident's medication.<br>Personnel record review for staff B, revealed a 6-hour training for assisting the residents with self-administration of medication that was dated . . . . . (due . . . . . ).<br><br>There was no documentation to confirm that she had received 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 provided by a licensed registered nurse, or a licensed pharmacist.<br><br>On . . . . . at 3 PM, the business officer manager stated staff B, thought she had until the end of the month to obtain the 2 hours of continuing education training.<br><br>Class III | A 084 | | |
| A 086 SS=D | 59A-36.011(10) FAC Training - ADRD<br><br>(10) AND RELATED . . . . ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training.<br>(a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide | A 086 | | |

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| A 086 | Continued From page 16<br>direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas:<br>1. Understanding 's and related ;<br>2. Characteristics of ;<br>3. Communicating with residents with 's ;<br>4. Family issues;<br>5. Resident environment; and,<br>6. Ethical issues.<br>(b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training.<br>(c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these :<br>1. Behavior management,<br>2. Assistance with ADLs, | A 086 | | |

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| A 086 | Continued From page 17<br>3. Activities for residents,<br>4. Stress management for the care giver; and,<br>5. Medical information.<br>(d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with . . . 's . . . . . and Related ," dated . . . , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.<br>(e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.<br>(f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.<br>(g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and:<br>1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or | A 086 | | |

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| A 086 | Continued From page 18<br><br>2. Three years of practical experience in a program providing care to persons with . . . . . or related . . . . . , or<br>3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with . . . . . or related . . . . .<br>(h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g).<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 sampled staff obtained 4 hours of and Related . . . . . (ADRD) level 1 training within 3 months of employment (E).<br><br>Findings:<br><br>On at 1 p.m. the DON identified nurse E as the facility's RN for LNS.<br><br>Review of nurse E's personnel file revealed a nursing consulting agreement that was dated . . . . . between nurse E and the facility.<br><br>The file did not contain documentation to indicate nurse E obtained 4 hours of ADRD level 1 training.<br><br>On . . . . . at 3:30 p.m. the BOM confirmed the finding and was unable to provide additional | A 086 | | |

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| A 086 | Continued From page 19<br><br>documentation.<br><br>Class III | A 086 | | |
| A 090 SS=D | 59A-36.011(11) FAC Training - . . .<br>. . . . . .<br><br>(11) . . . . .<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding .<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview the facility failed to have evidence that 2 of 5 sampled staff (D and E) had at least one hour of training in the facility's policies and procedures regarding . . . . . (. . 's) that included information in Rule 59 A-5.0186, F.A.C. within 30 days after employment.<br><br>Findings:<br><br>1. Review of the facility's background screening roster revealed it noted staff D, the administrator was hired on . . . . . .<br><br>Personnel record review revealed a certificate | A 090 | | |

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| A 090 | Continued From page 20<br><br>dated . . . . . for . that was completed at another facility.<br>There was no documentation to confirm she had received at least one hour of training in the facility's specific policies and procedures regarding 's that included information in Rule 59 A-5.0186, F.A.C. within 30 days after employment.<br><br>On at 3 PM, the Business Office Manager (BOM) confirmed the findings.<br><br>2. On at 1 p.m. the DON identified nurse E as the facility's RN for LNS.<br><br>Review of nurse E's personnel file revealed a nursing consulting agreement that was dated . . . . . between nurse E and the facility.<br><br>The file did not contain documentation to indicate nurse E received at least one hour of training in the facility's policies and procedures regarding . . .<br><br>On at 3:30 p.m. the BOM confirmed the findings and could not provide additional documentation.<br><br>Class III | A 090 | | |
| A 168 SS=B | 429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy<br><br>429.24 | A 168 | | |

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| A 168 | Continued From page 21<br>(3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the | A 168 | | |

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| A 168 | Continued From page 22<br><br>refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18.<br><br>429.27, FS Property and personal affairs of residents. -<br>(7) In the event of the of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's , the funds shall be deposited in the Health Care Trust Fund administered by the agency.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on resident record reviews and interview, the facility failed to ensure its refund policy contained all the required information for 2 of 3 sampled residents (#5 & #9.)<br><br>Findings: | A 168 | | |

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| A 168 | Continued From page 23<br><br>Review of resident #5's residency agreement revealed it was dated . . . . . .<br><br>Review of resident #9's residency agreement revealed it was dated .<br><br>The facility's refund policy that was contained in each of the agreements revealed the policy did not indicate the facility would provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident.<br><br>On . . . . . at 1:53 p.m. the sales director confirmed the findings.<br><br>Class | A 168 | | |
| A 181 SS=D | 59A-36.019(2) FAC Emergency Plan Approval<br><br>(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.<br>(a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.<br>(b) A new facility as described in Rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.<br>(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. | A 181 | | |

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| A 181 | Continued From page 24<br><br>1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.<br>2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.<br>(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.<br>(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on facility record review and interview the facility failed to ensure the Comprehensive Emergency Management Plan (CEMP) was reviewed yearly and submitted for approval to the Office of Emergency Management.<br><br>Findings:<br><br>Review of the facility's CEMP & Emergency Power Plan (EPP) revealed a letter dated . . . . . from the Brevard County Office of Emergency Management to the facility that indicated the facility's EPP met criteria.<br><br>A letter dated . . from the City of Melbourne to the facility indicated the fire plan was reviewed and approved.<br><br>Another letter dated from the Brevard County Office of Emergency Management to the | A 181 | | |

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| | AL11968235 | A. BUILDING: _____ B. WING _____ | 08/23/2021 |

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| DISCOVERY VILLAGE AT MELBOURNE | 3260 N HARBOR CITY BLVD MELBOURNE, FL 32935 |

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| A 181 | Continued From page 25<br><br>facility indicated the plan had been reviewed and needed some corrections.<br><br>There was no other documentation available for review. There was no evidence as to when the CEMP last approved.<br><br>Class III | A 181 | | |
| AN278 SS=D | 59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records<br><br>59A-36.022<br>(3) RECORDS.<br>(a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility.<br>(b) Nursing progress notes must be maintained for each resident who receives limited nursing services.<br>(c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service.<br><br>429.07 (3)(c)2, FS<br>A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record reviews and interviews, the facility failed to maintain nursing assessments conducted by a registered nurse at least monthly for 1 of 3 residents (#5) who received a Limited Nursing Service (LNS). | AN278 | | |

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| AN278 | Continued From page 26<br><br>Findings:<br><br>On at 10:15 a.m. the DON identified resident #5 as receiving a LNS for . . , . . . . stockings.<br><br>Review of resident #5's record revealed a health care provider's order that was dated . . . . . for on lower extremities in the morning and off at bedtime.<br><br>Review of a completed LNS monthly nursing assessment that was dated revealed it was signed only by a licensed practical nurse (LPN).<br><br>On at 2:01 p.m. nurse E said she visited the facility monthly, she reviewed the LNS documentation, and the services received by the resident. She said the data on the assessment form was gathered and the form was completed by the facility's LPN and when nurse E visited, she only signed the form.<br><br>Review of a , monthly LNS assessment revealed LPN F's signature that was dated and nurse E's signature that was dated . . . . . On . . . . . at 3:35 p.m. the DON said the LPN conducted the assessment and the RN only signed the form because that was how the facility always did it.<br><br>Class III | AN278 | | |
| CZ813 | 59A-35.090(3)(c), FAC Results of Screening & Notification In File<br><br>59A-35.090 Background Screening. | CZ813 | | |

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| CZ813 | Continued From page 27<br><br>(3) Results of Screening and Notification.<br>(c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel records, review of the Agency's background screening website and interview, the facility failed to maintain the current eligibility results of a background screening in the personnel record for 1 of 5 staff (E) who was in a role that required a background screening.<br><br>Findings:<br><br>On at 1 p.m. the DON identified nurse E as the facility's RN for LNS.<br><br>Review of nurse E's personnel file revealed a nursing consulting agreement that was dated ..... between nurse E and the facility.<br><br>The file did not contain results of a background screening.<br><br>Review of the agency's background screening website on ..... at 2:13 p.m. revealed nurse E had an eligible screening on , the results of which should have been in the personnel file.<br><br>On ..... at 3:30 p.m. the BOM confirmed the findings.<br><br>Unclassified | CZ813 | | |
| CZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse | CZ814 | | |

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| CZ814 | Continued From page 28<br><br>435.12 Care Provider Background Screening Clearinghouse.-<br>(2)(b) Until such time as the [illegible] are enrolled in the national retained print [illegible] notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.<br>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.<br>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on staff schedule review, Agency background screen website review, personnel record review and interview, the facility failed to register and maintain the current employment status of employees within the Agency's Background Screening Clearinghouse for 3 of 5 sampled staff employees (B, C, E). | CZ814 | | |

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| CZ814 | Continued From page 29<br><br>Findings:<br><br>Review of the personnel files revealed:<br><br>1. Staff B, caregiver, hired on . . . . . . . . Her background screening had an eligibility date of . . . . . .<br><br>2. Staff C, caregiver, hired on . . . . . . . . Her background screening had an eligibility date of . . . .<br><br>3. Staff E, registered nurse, . . . . . to provided Limited Nursing Services on . Her background screening had an eligibility date of .<br><br>Review of the facility's roster on the Agency's Background Screening Clearinghouse website on at 2:18 PM did not reveal staff B, C, or E was listed as current employees.<br><br>On . . . . . at 3:30 PM, the human resources manager confirmed the finding.<br><br>Unclassified | CZ814 | | |
| CZ816 | 408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or | CZ816 | | |

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| CZ816 | Continued From page 30 | CZ816 | | |

contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's [illegible] to the Federal Bureau of Investigation for a national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the [illegible] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had

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| CZ816 | Continued From page 31<br><br>a break in service from a position that requires level 2 screening for more than 90 days; and<br>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.<br><br>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:<br>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.<br><br>59A-35.090 Background Screening.<br>(2) Processing Screening Requests, Required Documents and Fees.<br>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense.<br>(e) An administrator or chief financial officer must | CZ816 | | |

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| CZ816 | Continued From page 32<br><br>be screened and qualified prior to . , , . . . . to the position.<br>(3) Results of Screening and Notification.<br>(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal.<br>(b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 sampled staff completed an Attestation of Compliance with Background Screening Requirements (E).<br><br>Findings:<br><br>On . . . . . at 1 p.m. the DON identified nurse E as the facility's RN for LNS.<br><br>Review of nurse E's personnel file revealed a nursing consulting agreement that was dated between nurse E and the facility.<br><br>The file did not contain an attestation of | CZ816 | | |

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| CZ816 | Continued From page 33<br><br>compliance with background screening requirements.<br><br>On at 3:30 p.m. the BOM confirmed the finding.<br><br>Unclassified | CZ816 | | |