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
	AL11965733	A. BUILDING: _____ B. WING _____	R 09/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

(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
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	CZ815		

AHCA Form 3020-0001

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

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CZ815	Continued From page 1 qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently	CZ815		

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CZ815	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	CZ815		

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CZ815	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	CZ815		

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CZ815	Continued From page 4 relating to retaining [redacted] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	CZ815		

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CZ815	Continued From page 5 exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,	CZ815		

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CZ815	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that fourteen out of seventeen sampled staff that were from a third-party agency to provide direct care to residents in the capacity of facility staff had an eligible level II background screening (Staff II, ,V,VI,VII,VIII,XI,X,XI,XII,XIII,XIV,XV, XVII). Findings Included: A review of invoices and cancelled checks revealed that the facility was billed for $124,063.00 and paid at least $77,650.00 as of , 2021 to an unlicensed company to provide licensed or certified health care workers for staffing and one-on-one care for all residents between and . The unlicensed company provided unqualified staff who acted as home health aides, 'sitters' and medication technicians. On at 8:45am, observed Staff XIII (third party staff) open bedroom#301's door, Resident#11 was watching TV at the time of the visit. Further observation showed that no facility staff was present to supervise Staff XIII,	CZ815		

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CZ815	Continued From page 7 who was alone with Resident #11. A review of facility and third-party agency records revealed no documentation of level 2 background screening having been conducted for Staff XIII. In an interview on at 11:15am with Staff XIII, she stated she had been working for the third-party agency for twelve years, however she had been working with Resident#11 for a year. On at 4:35pm, observed Staff VI (third party staff) in with Resident#11. Further observation showed there was no staff supervising Staff VI, who was working alone with Resident#11. A review of facility and third-party agency records revealed no documentation of a level 2 background screening having been conducted for Staff XIII. On at 8:49am with Staff XIII, she stated, "My job is to sit here and accompany her. I take her out of the room, go to dinner with her, walk her out. I don't let her sit here the whole time. I take her to the bathroom". In an interview with Staff VI (third party staff) on at 4:35pm, she stated she was scheduled to work from 8am-8pm on Saturdays, Sundays, and Mondays. A review of invoices for Staff VI showed that she worked as a facility staff, providing individual services to at least one resident (Resident #11). A review of the facility's staffing agreement dated on showed the facility the third-party staffing agency to work in the facility. The contract also stated the contractor, "Staffing agency", would possess proof of pre-employment screening to include a skin test or X- ray, professional references, criminal	CZ815		

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CZ815	Continued From page 8 background checks, drug screenings, level 2 background screening with the Florida Agency for Healthcare Administration care provider background Screening clearinghouse, screening with the United States Health and Human Services, Office of Inspector General List of Excluded Individuals and Entities and screening for communicable ." A review of the facility's records showed a list of seventeen employees hired from a third-party agency. A review of the facility's invoices from the staffing agency dated on showed in the facility was billed for a total of 230 employed hours of home health services by Staff ,V,VI, and VII. Invoices from , showed the facility was billed for a total of 836 employed hours of home health services by Staff XI,V,VI, ,IV, and X. In , , the facility received an invoices for total of 982 employed hours of home health services by Staff II, , X, and XI. Further review of the facility's invoices showed in , the facility received nine invoices that sum up total of 2089 employed hours of home health services by Staff X and XI. In , , the facility received three invoices for a total of 1651 hours of home health services by Staff II, ,X,XI, and XII, and other staff that were not listed. A review of the background screening database showed on 14 staff (Staff I,II, ,V,VI,VII,VIII, IX, X, XI, XII, XIII, XIV, and XVII from the third-party staffing agency were not listed on the background Screening. It showed Staff V had background screening conducted,	CZ815		

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CZ815	Continued From page 9 however it was expired. It also showed Staff I had a background screening on the day after the issue was pointed out to the facility management staff on . A review of the third-party staff files showed receipts for background screenings that were purchased for Staff XI, VII, XIV, and XIII between /2021through . The background screenings were purchased after the deficient practice was brought to the facility's attention on . Unclassified	CZ815		

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{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. (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	{A 152}		

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{A 152}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure all existing architectural, electrical, and structural systems are maintained in good working order. Finding include: Observation on [redacted] at 9:08 a.m. revealed chipped paint on the doors and baseboards on the second floor by the common areas. Observation on [redacted] at 9:27 a.m. revealed in one of the elevators chipped and broken elevator panels. Observation on [redacted] at 9:44 a.m. revealed carpet stains on the second floor. [redacted] at 12:51 p.m. Administrator stated "We are in the process of fixing the furniture, the carpets and changing the floors in the elevators. Renovations are in process." Uncorrected Class III	{A 152}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [redacted], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of	{A 162}		

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{A 162}	Continued From page 2 other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, ... , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the	{A 162}		

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{A 162}	Continued From page 3 facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited	{A 162}		

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{A 162}	Continued From page 4 nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the Assisted Living Facility failed to have completed health assessments, (1823 AHCA Forms) for two out of seven sampled residents (# 7 and # 17.) Findings included:	{A 162}		

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{A 162}	Continued From page 5 Review of Resident # 7's Health assessment completed on showed past med history and diagnoses of ( ), , History of (OA), History of ( ). The Precautions section was left blank. Physical or sensory limitations section was left blank. , or behavioral status section was left blank. Nursing treatment/ service requirements section was left blank. Special precautions section was left blank. Elopement Risk section was left blank, Activities of Daily Living section was left blank. The medications section was left blank. The type of assistance the resident needed with medication section was left blank. Review of Resident # 17's Health assessment completed on showed that the Precautions section was blank. The Activities of Daily Living section revealed the resident needed assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. On at 12:49 p.m., the Administrator acknowledged the issue and stated, "We will check on that." Uncorrected Class III	{A 162}		
{A 000}	Initial Comments A third revisit to Complaint surveys (#2020019629, #2020006260,# 2020014125) was conducted at Sterling Aventura from to . Deficiencies were identified at the time of the survey.	{A 000}		

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{A 025} SS=I	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) 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	{A 025}		

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{A 025}	Continued From page 7 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide adequate supervision as appropriate for each resident to ensure awareness of the general health, safety, physical and emotional well-being of one out of fourteen sampled residents (Resident #41). Prescribed controlled medications (, also known as) were found in Resident #41's room, and on 2 separate occasions accounted for 126 pills in total, and a total of 50 pills were reported missing. Findings included: A review of Resident #41's Medication Observation Record (MOR) for the month of , showed Resident #41 was prescribed 325 MG, Prop 50 MCG Spray, , SOD 40 MG, 25 MG, Tab-a-vite tablet, 0.1% cream, Sul 1.25 MG/3 ML, (self-administration),	{A 025}		

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{A 025}	Continued From page 8 Check room daily for unsecured medication in apartment, notify nurse if aware, 100 MG, Florent 110 MG, D 400 Unit soft gel, 500 MG, 0.05 , Emulsion, ( ) 0.25 MG. Further review of Resident #41's Medication Observation Record (MOR) for the month of showed the resident was refusing multiple medications such as , tab-a-vite tablet, D, and . The MOR indicated that Resident #41 was still prescribed the same medications as of the month of , including the , and the MOR also showed that the facility' staff were checking the resident's room twice a day (day and evening shifts) for unsecured medications. According to US National Library of Medicine, also known as , is an extended-release tablet used to treat , and , is used to treat and , (sudden, unexpected of extreme fear and worry about these). , is in a class of medications called benzodiazepines. It works by decreasing abnormal excitement in the . According to American Addiction Centers, in the US, , is available by prescription only. Furthermore, this drug is classified as a Schedule controlled substance by the DEA, reflecting the consensus that this drug has a relatively low, but real, potential for or dependence. According to the and Mental Health Services Administration (SAMHSA), in 2019, 3.2 million people misused prescription benzodiazepines.	{A 025}		

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{A 025}	Continued From page 9 A review of Resident #41's Observation notes dated revealed the resident was unable to get her medications from her usual pharmacy, and a local pharmacy was contacted to assist with the medications in the meantime. On , the facility contacted the local pharmacy for a refill of the prescribe controlled medication ( ), but the local pharmacy denied the request because it was "too soon for a refill". Observation notes further stated that the was picked up by the resident on , and the next refill should be on . Observation notes then revealed that the facility searched Resident #41's room and found a bottle of the dispensed by the local pharmacy on , and 5 pills ( ) were missing of the bottle. Observation notes also revealed that multiple other medications were discovered in the room. Further review of Resident #4's observation Notes dated revealed, "Resident went to the local pharmacy and picked up her 0.5 mg medication without informing the wellness staff. Medication technician called pharmacy for a refill and was told the medication was picked up. Medication technician was able to retrieve 45 tablets out of 90 (pills)". 45 pills ( ) were missing. On at 01:15 PM Staff MMM (the facility's Nurse Consultant) stated, "We called for a refill on and was picked up on . On , we found a bottle missing 5 pills. The bottle was supposed to have 90 pills, but it only had 85 pills. We don't exactly know when she picked up those meds. On , the pharmacy told us that she picked up the order on , and that bottle was missing 45 pills	{A 025}		

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{A 025}	Continued From page 10 the time we retrieved on . We found out she picked up the medications on the 13th of , when we called the pharmacy on to go pick up the meds that we called to refill on ." On at 9:35 AM, Staff FF (Director of Wellness, DON) stated, "Resident #41 picked up her own medication. The staff went to pick up the medication at the pharmacy, and the pharmacy stated the resident had picked up the medication. We went to the resident's room and retrieved the medication again. We counted the medications, and 45 pills were missing." However, during an interview with Resident #41's emergency contact on at 03:05 PM, Resident #41's emergency contact stated that she went to pick up the medication in , for Resident #41. She stated she could not remember the date. She then stated, "I arrived to the pharmacy, they asked me to show my ID and Resident #41's information. I did not remember her date of birth, and I called Resident #41 on my cell phone. I let her talk to the pharmacist for consent. They gave the medications. I bought a few other things for Resident #41 at the pharmacy and put them in the bag. I gave the bag to Resident #41. I did not know what medications were in the bag. I gave her the bag that had the medications along with few other items that I purchase for her." Resident #41's emergency contact then stated that she had been in the facility numerous times visiting Resident #41 and taking Resident #41 to doctor's . A review of Resident #41's Health Assessment dated showed that the resident had the following medical history and diagnosis: , ( ),	{A 025}		

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{A 025}	Continued From page 11 ( ), , Dyslipidemia, Sturge-Weber , and . The resident was independent on all the activities of daily living including ambulation, bathing, , eating, self-care (grooming), toileting, and transferring; the resident was also independent with handling personal affairs and handling financial affairs but needed supervision with shopping. Resident #41 also needed assistance with self-administration of medications. On at 11:39 AM during an interview with Staff NNN (Wellness Nurse) regarding Resident #41's medication incident, Staff NNN stated, "She went to the store to get it ( ) in . The resident does not comply with medication administration. The resident pick and chooses the medication that she wants to take. The primary medical provider and family members were notified about the resident's behavior." As for prevention, the nurse stated that the staff checked Resident #41's room to see if the resident has medications daily after the first incident; however, Resident #41 had the controlled medications on her possession from to , but no staff saw the medications in her room. On at 12:50 PM during an interview with Staff FF (Director of Nursing, DON) regarding Resident #4's medication incident, Staff FF stated, "We do not know when she (Resident #41) picked it up (medication) from the pharmacy. When staff called the pharmacy to get a refill, the pharmacy told them that the resident had already pick it up." Staff FF also stated that the resident gave the medication bottle to the staff, but there were only 45 out of 90 pills	{A 025}		

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{A 025}	Continued From page 12 recovered from the resident. She then stated, "The staff does not know what happened to the other 45 tablets and it is still under investigation." Uncorrected Class II	{A 025}		
A 030 SS=L	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The	A 030		

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A 030	Continued From page 13 telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where	A 030		

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A 030	Continued From page 14 residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue	A 030		

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A 030	Continued From page 15 the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , , the guardian shall be	A 030		

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A 030	Continued From page 16 given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local	A 030		

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	AL11965733	A. BUILDING: _____ B. WING _____	R 09/03/2021

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A 030	Continued From page 17 long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . , ... or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: 0030 - Sterling Aventura Based on observation, record review and interview, the facility failed to provide a safe and decent living environment, free of , .	A 030		

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A 030	Continued From page 18 1)The facility exposed all residents to the risk of , when it with, and paid at least $77,650.00 to an unlicensed company, to provide health care workers who had no training, nor level II background screening for staffing and one-on-one care for all residents. 2)The facility allowed the unlicensed operator full access to all residents in the facility and identified as the provider for residents who needed extra assistance with activities of daily living. 3)At least two residents were charged by the unlicensed provider for services that they did not receive. Findings included: 1) A review of facility billing invoices showed that the facility hired an unlicensed agency to provide assistance with bathing, grooming, ambulation, and care and services to residents # 53,54,58,64,104 and 105,and to provide general staffing services including assistance with activities of daily living to facility residents between and . Further review showed that Staff I,II, ,V,VI,VII,VIII, IX, X, XI, XII, XIII, XIV, and XVII from the unlicensed agency provided these services. A review of the facility's agreement with the third-party agency, signed and dated revealed: "Services: Contractor will, upon request by 'Facility', provide one or more licensed healthcare providers (i.e., LPNs, RNs, CNAs) or other non-clinical personnel ("Non-Clinical Personnel") as specified by Facility (collectively, "Personnel") for supplemental staffing services, subject to the availability of qualified Personnel.	A 030		

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A 030	Continued From page 19 Personnel. Contractor will supply Facility with Personnel who meet the following criteria and will provide evidence of the following to Facility upon written request: Possess current State license/registration and/or certification. Possess certification, as requested in writing by Facility to comply with applicable law. Possess proof of pre-employment screening to include a skin test or X-ray, professional references, criminal background, a skin test or , professional references, criminal background check(s), drug screenings, Level 2 background screening with the Florida Agency for Health Care Administration Care Provider Background Screening Clearinghouse, screening with the United States Health and Human Services. However, a review of the background screening database showed on , 14 contract caregivers Staff II, , V, VI, VII, VIII, IX, X, XI, XII, XIII, XIV, and XVII from the unlicensed company were not listed in the background screening clearinghouse. Further review showed Staff V with a background screening conducted; however, it was expired. It also showed Staff I obtained a background screening on the day after the issue was advised to the facility's management staff. Three of 17 contract caregivers had an eligible level II background screening (Staff I, III, and XV). Billing Services. Contractor shall not bill any Facility residents, third parties, insurers, federal or state health care programs, or other payors for rendering any services herein. Contractor shall comply with all applicable federal, State, and local laws and regulations concerning professional billing for healthcare services.	A 030		

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A 030	Continued From page 20 Insurance. Contractor will maintain (at its sole expense), or require the individuals it provides under this Agreement to maintain, valid policies of insurance evidencing general and professional liability coverage of not less than $1,000,000 per occurrence and $3,000,000 in the aggregate, covering the sole negligent acts or omissions which may give rise to liability for services provided under this Agreement Contractor will provide a certificate of insurance evidencing such coverage upon request by Facility." Review of the Division of Corporations records for the State of Florida found no listing under the name of the corporation listed on the agreement between the facility and the unlicensed agency's owner, Staff I. Review of a document provided by Staff LLL (current administrator) showed, a corporation in the State of Florida owned by the unlicensed agency's owner with a different corporation name than the one listed on the agreement signed and dated , between the facility and the agency's owner. The registered company had a pending federal identification number that it was applied for; the date filed was . Review of the Florida Health finder showed no record for the third-party agency being licensed as a home health agency or nurse registry. On , at 1:40 PM, Staff XX (the previous facility administrator) stated about the unlicensed agency, "We have a contract with them if we need 24-hour staff. There were a couple of situations, where we would request one-to-one support for a week. The contract is for home health aides (HHA) and Certified Nurse Assistants (CNA). Their owner is very supported by our organization. She invoices us, and we pay	A 030		

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A 030	Continued From page 21 her. We monitor to ensure the company provides the services." On [redacted], at 8:37 AM, observed Staff LLL (current administrator) on the phone with the unlicensed agency's owner (Staff I) asking for the background screening for all current and past year aides, and liability insurance. On [redacted], at 11:32 AM, Staff LLL stated via email, "Per vendor, she does not have a license. Per vendor, she does not have a liability insurance." Further review of the agreement between the facility and the third-party agency showed: "4.2 Termination by Facility. Facility shall have the right to terminate this Agreement immediately upon the occurrence of any one or more of the following events: (i) breach of this Agreement by Contractor and/or Personnel if such breach is not cured within ten (10) days after written notice of such breach from Facility. (ii) Contractor's or any of its Personnel's license is denied, suspended, terminated, restricted, revoked or relinquished and Contractor fails to remove such Personnel from providing services under this Agreement." A review of facility records found no documentation of how staff monitored to ensure that the company gave the [redacted] services. Further review of facility records and records provided by the unlicensed provider found that the staff providing the services did not have the required training and were not certified as nursing assistants. There was no documentation of home health aide training or other training for 16 of 17 of the unlicensed provider's staff. A review of the facility's invoices from the	A 030		

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A 030	Continued From page 22 third-party agency revealed: - A total of 230 hours of home health services by Staff , V, VI, and VII. - A total of 836 employed hours of home health services by Staff XI, V, VI, , IV, and X. - A total of 982 employed hours of home health services by Staff II, , X, and XI. - A total of 2089 hours of home health services by Staff X and XI. - A total of 1651 hours of home health services by Staff II, , X, XI, and XII , and other staff that were not listed. A review of canceled checks paid by the facility to the unlicensed agency revealed: for what services? To whom? Check #5994 in the amount of $728.00 Check #6376 in the amount of $312.00 Check #6520 in the amount of $5975.00 Check #6881 in the amount of $24,340.00 A wire transfer in the amount of $46,295.00 on 2) On , at 8:50 AM, Staff QQQ (Memory Care unit caregiver) stated regarding Staff I, "I know a lady that works here or is in the building. She places private aides. She comes to the floor and checks on residents that her company is serving. She was in the building yesterday. I'm not sure what she does, but I think she speaks with staff about the residents they are serving. If there's a resident in need, since she is the building representative, she offers the residents services, or the DON links them." On , at 11:25 AM, Staff XIV, an employee of the unlicensed provider who assisted with activities of daily living including toileting, bathing, , grooming and	A 030		

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A 030	Continued From page 23 ambulation in Resident 86's room, and stated "I've been here for about 3 years. I don't know the exact time, but I know I already spent two Christmas with this resident." Staff XIV then stated, "Staff I is the boss." On [redacted], at 8:49 AM, observed Staff XIII in Resident 68's room, and stated, "I 've been with the agency for more than 2 years." Staff XIII then stated she used to work on the 4th floor, but the resident [redacted], and Staff I moved her with this resident. 3) On [redacted], at 11:10 AM, Resident 97's Power of Attorney (POA) stated, "I used to have a private aide [hired] for 24 hours a day in the past, then for a few hours a day. I found this facility more than a year ago. They told me [Resident #97] tried to elope and recommended to get an aide for 24 hours. I was going to put a monitor on him, but they said I could not do that. At that time, the previous Director of Nurses (DON), [Staff B] was there. She was the [redacted] nurse; she recommended the agency. The DON put me in contact with Staff I (unlicensed provider); I think she [DON] had a business with her [Staff I]. I used to pay for 24 hours $2000/week. Resident 97 used to call me all day; I remember two other resident's families that went through the same thing with Staff I, but I don't remember their names. I used to call Resident 97 and ask him to put the aide on the phone when he was on the fifth floor, and he would tell me, "No, no one is here." I paid checks to Staff I from [redacted] to [redacted] or [redacted] for approximately $2200 per week for 24 hrs. and $2119 for less hours, with a total of almost $65,000.00." Review of the facility's sign-in logs, showed for a	A 030		

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A 030	Continued From page 24 period of , through , there were 27 entries in 122 days by staff from the unlicensed third-party agency signing in to see Resident 97: , two visits in 30 days. , 10 visits in 31 days. , 10 visits in 30 days. , 5 visits in 31 days. A review of the facility's files and resident #97's record showed no documentation of Resident #97 receiving services daily as stated by the resident's power of attorney. On , , at 11:30 AM, observed Resident 68 in the room by herself. On at 12:20 PM, during a phone interview, Resident 68's family member stated, "My mom is supposed to have a private duty aide from 9:00 AM - 7:00 PM every day, 7 days a week. Her name is [Staff I]. When I first got in contact with her, she said she was a consultant, and she provides one on one private aide. She said she had several aides working for her at the facility. I hired her. It started with 1 or 2 hours. She would call me before she left the facility and called me at the doctor's office and called me when she got to the facility. That was how I was tracking her hours, either 1 or 2 hours. After that my mom's physician recommended for her to have one-to-one service during the day because of her condition. That concerns me very much if no one is with my mom in the room. I pay for the service for 10 hours a day. As my mom's health is deteriorated, her doctor recommended more hours. I then hired [Staff I] for 10 hours a day, 7 days a week. I know this has happened before because staff at [the facility] called me and let me know. When I called [Staff I], she said she had an	A 030		

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A 030	Continued From page 25 emergency. I wanted her to reimburse me for the hours she was not working because I pay weekly. She said it was not going to happen again. It happened several times. I don't trust her. A nurse called me one time and told me no one was in my mom's room. I am concerned about that, you know. I'm going to call her right now. That is not right. I am very upset. On , at 3:30 PM, Resident 68's family member stated, "I pay for 10 hours a day, 7 days a week for the service. She provides CNA services, like everything a CNA does, bathing, , taking her to use the toilet, transfer her from her bed to her recliner and vice-versa. The facility provides that service as well, but my mom's physician recommended a one-to-one service. I spoke to the facility about that, but they told me they could not provide the one-to-one service. For the facility, I paid for rent, cleaning, food, laundry, things like that. I pay between $4,500 to $5,5000 to [Staff I]. You know it's $4,500, but I also pay for extra services like taking my mom out, get her hair done. I pay $1000 more. I pay [Staff I] more than I pay the facility. I pay the facility for rent, laundry, cleaning, and activities. I pay about $10,000 a month between the facility and [Staff I], but I pay [Staff I] more than the facility. I don't trust [Staff I] you know." On at 04:42 PM, Resident 68's family member stated, "From the bank statements I have, it shows that I started servicing with [Staff I] in . It started with a doctor's , to becoming a 10-hour a day job for $15 per hour. I can see in , it became $525 a week for hours per day. In , it became $675 a week for hours a day. End of to , it went	A 030		

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A 030	Continued From page 26 up to $735 a week, which is 8 hours per day. Then last week of , , it becomes $1050 per week, which is 10 hours a day." A review of the facility's sign in longs showed that from , through , entries by staff from the unlicensed third-party agency signing in to see Resident #68: , two visits in 31 days. , two visits in 30 days. , two visits in 31 days. , four visits in 31 days A review of the facility's records and the resident's record found no documentation showing the resident received care for 10 hours daily, seven days a week. On , at 11:30 AM, Staff RR (corporate officer) stated, "We spoke to Staff I yesterday and we are terminating the contract with her; we are preparing the paperwork and it will be going certified mail to her. We are going to speak to the families and encourage them to change companies. As of yesterday, we are not using her services anymore." Review of a letter provided by the facility, dated , addressed to all residents and family members, stated, "I am writing to inform you that [Unlicensed agency] is no longer complying with "Facility" policies and procedures for safe resident care. As such, [Unlicensed agency] will no longer be providing services in the community. You will need to find a new company to provide private duty services for your family member living at "Facility." To assist you, listed below are several providers in the local area for your consideration." The letter provided five local providers and was signed by Staff LLL. An email,	A 030		

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A 030	Continued From page 27 to which the letter had been attached, documented that it was sent to Saturday, [redacted] at 4:47 pm. On [redacted], at 5:42 PM, when asked whether the unlicensed provider had returned to the facility since management had been made aware of the company's faulty qualifications, Staff LLL stated, "I don't know if Staff I was in the building yesterday. I haven't had a personal conversation with her or told her she's banned from the building. We told her the contract was canceled." A review of the background screening database showed on 14 staff (Staff I,II, ,V,VI,VII,VIII, IX, X, XI, XII, XIII, XIV, and XVII from the third-party staffing agency were not listed on the background Screening. It showed Staff V had background screening conducted, however it was expired. It also showed Staff I had a background screening on the day after the issue was pointed out to the facility management staff on . Class I	A 030		
{A 052} SS=E	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.	{A 052}		

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{A 052}	Continued From page 28 (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. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs.	{A 052}		

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{A 052}	Continued From page 29 (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 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 052}		

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{A 052}	Continued From page 30 (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 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	{A 052}		

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{A 052}	Continued From page 31 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 control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations and interview, the facility failed to administer the morning (AM) medications in a timely matter for one out of 15 sample residents (Resident #106). Finding include: In an interview with Staff AAA on at 8:49 AM on the 7th floor, Staff AAA stated "I am	{A 052}		

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{A 052}	Continued From page 32 only passing the medications that required a nursing license. I know the medication technician is on the 6th floor. She should be coming up after she's `done on the 6th floor". At 9:08 AM on , it was observed that there was no one passing medications on the 7th floor. In an interview with Resident #106 on at 9:10 AM on the 7th floor ( ), the resident stated "I need my medications. I was supposed to have it since 8:00 AM. I have and . I really need those medications. This has happened before, but never this late". Uncorrected Class III	{A 052}		
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 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:	A 054		

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A 054	Continued From page 33 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 record review and interview, the facility failed to maintain an accurate and up-to-date Medication Observation Record for one out 15 sample residents (Resident #2). Finding include: A review of Resident #2 Medication Observation Record (MOR) for the Month of ␣, the record showed that the resident has an active medication order for ␣, 75 mcg/hr. patch, apply to skin every 72 hours for 21 days. The record showed that staff failed to document whether the resident received this medication on ␣. A review of Resident #2 MOR for the Month of ␣, the record showed an order for ␣, 30 mg take one tablet by ␣ twice a day. Further review showed Physician A did not renew this medication for the month of ␣.	A 054		

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A 054	Continued From page 34 In an interview with Staff FF on at 10:00 AM, Staff FF stated that the , 30 mg should have been discontinued on , . Staff FF stated that the resident's , management physician , , and did not refill the medication. She further stated that the medication needed to be refilled every 30 days. She also stated that Physician A stated that he would not take any action since the prescription was a , management issue, and that the resident would need to see a , management physician. Finally, Staff FF acknowledged that MOR for , Patch was not signed on . In an interview with Physician A on at 12:53 PM, Physician A stated that he was aware that the , 30 mg tablets expired at the end of , . He stated he refused to refill the medication and referred the resident to Management for further treatment. Class III	A 054		
{A 058} SS=E	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 058}		

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{A 058}	Continued From page 35 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 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.	{A 058}		

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{A 058}	Continued From page 36 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 had a previous class II and Class III deficiencies on assistance with self-administration of medication. During a revisit inspection concluding on ,2021 the facility failed to correct Class III deficiency on Assistance with self-administration of medications. The facility is required to continue to employ the consultant services of a licensed pharmacist or a licensed registered nurse who will, at a minimum, provide onsite quarterly consultation until an inspection by the Agency's personnel determines that such consultation services are no longer required. Findings included: During a revisit inspection on . . . . . the facility was found to have uncorrected deficient practice in the areas of Assistance with self-administration of medications. Observation showed that no staff was passing medications on the 7th floor. On , the facility was found to have deficient practice in the areas of Assistance with Self administration of medication. Staff failed to	{A 058}		

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{A 058}	Continued From page 37 follow the correct procedures when assisting with self-administration of medication for two out of eighteen (Resident #7 and #17) sampled residents. The facility also failed to have a license staff administering medication medications to one out of eighteen (Resident #7) sampled residents. On , the facility failed to provide assistance with the self-administration of medication for two of 101 sampled residents (Residents 21, and 44). Record review revealed that the facility was under contract with a consultant licensed pharmacist as well as a consultant licensed nurse at the time of the uncorrected deficient medication practice. Uncorrected Class III	{A 058}		