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
	AL11953272	A. BUILDING: _____ B. WING _____	09/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD RETIREMENT CENTER	1220 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On and a relicensure survey was conducted at Lakewood Retirement Center. Deficient practice was identified at the time of the survey	A 000		
A 010 SS=D	429.26(.) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	A 010		

AHCA Form 3020-0001

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

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A 010	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.	A 010		

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A 010	Continued From page 3 (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure one of six residents sampled met the criteria for continued residency (Resident #6). The findings include: Record review showed Resident #6 was admitted on . An 1823 Health Assessment signed showed she required total assistance for Activities of Daily Living (ADL's), and only spoke 4 to 5 words a day because of expressive , , . She was of and and at the time, was under the care of Hospice. A service plan generated by the facility showed she was nonambulatory and needed total assistance for ADL's. The form was originally signed . Comments on page 2 stated the resident was to get total care by facility staff. This previously stated the Hospice was providing care, but that comment was crossed out with a note indicating they discharged the resident on . Photographic evidence obtained. Prior to their discharge in , Hospice had a service plan in place. This stated Resident #6 was bedridden, could not turn or reposition herself, and was dependant on staff for all of her needs. She had severe of her upper extremities and her . Photographic evidence obtained. Physician orders signed showed she was cleared to move to a skilled nursing facility. Nursing notes documented by the Administrator	A 010		

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A 010	Continued From page 5 on . . . . . noted the ARNP visited her on . . . . . and recommended a "nursing home for a higher level of care." Photographic evidence obtained. Employee A was interviewed at 9:21 am on . . . . She explained that Resident #6 required . . . . . with transferring. She had a steady decline since admission and now they need two people to help her get up. She explained they have to feed her her meals and they feed her medications with a spoon. During an observation of Resident #6's room on . . . . . at 10:42 am, she was seen laying in bed with half side rails up. There was a Geri chair in her room with blankets on it. Photographic evidence obtained. The Administrator was asked about Resident #6 on . . . . . at 10:58 am. She explained Resident #6 was previously getting services from Hospice until they discharged her last . . . . When asked about her physical capabilities, she explained Resident #6 could not sit up without the Geri chair. She had a tray that could be fixed to the chair in front of the resident while she was using it. Staff sat next to Resident #6 while she was in the Geri chair to ensure she is safe. She also confirmed Resident #6 had her medications fed to her in applesauce because she could no longer hold the spoon and bring it to her . She stated she was aware of the order from . . . , to move to a higher level of care and they were looking around for locations but one was never chosen, and the resident's representatives were resistant to the move. The contract was reviewed with the Administrator. Resident #6's unsigned contract, page 2, located	A 010		

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A 010	Continued From page 6 within in her file, read, "The resident will be required to leave this facility if the resident becomes none-ambulatory [sic]. The upon certification by a licensed physician or nurse practitioner, the resident needs services beyond those, which the facility is licensed to provide, the resident or his/her legal representative shall be notified in writing that he/she must make arrangements for immediate transfer." Photographic evidence obtained. When asked about written notification, she said Resident #6's representative was notified verbally and had concerns about higher level of care. She acknowledged the wording in the contract and Resident #6's need for a higher level of care. Class III	A 010		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . . . . . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the . . . . . applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , ... , or decline in mobility or function related to the use of the prescribed (b) Facility staff must ensure that the device is applied appropriately and safely.	A 033		

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A 033	Continued From page 7 (c) The resident's physician must review the appropriateness of the continued use of the physical . . . . annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical . . . . and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure one of six residents sampled had an up to date, comprehensive care plan for use (Resident #6). The findings include: Record review showed Resident #6 was admitted on . . . . . An 1823 Health Assessment signed showed she required total assistance for Activities of Daily Living (ADL's), and only spoke 4 to 5 words a day because of expressive . . . . She was to use a Geri chair with a seat belt for safety. Photographic evidence obtained. A service plan generated by the facility showed she was nonambulatory and needed total assistance for ADL's. The form was originally signed but updated when she discharged from hospice services. Photographic evidence obtained. The service plan detailed that Resident #6 was to be out of bed two times a week. She was bedridden. She was to use the Geri chair when out of bed. It mentioned use of the seatbelt for safety. Missing from the service plan was the	A 033		

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A 033	Continued From page 8 maximum amount of time the Geri chair was to be used per day, and how staff would monitor for signs of . . . ., or . ., ... , or a decline in function as a result of the use. Prior to Hospice's discharge in , their service plan stated Resident #6 was bedridden, could not turn or reposition herself, and was dependant on staff for all of her needs. She had severe of her upper extremities and her . . . . Photographic evidence obtained. Employee A was interviewed at 9:21 am on . She explained that Resident #6 required . . . . . with transferring. She had a steady decline since admission and now they need two people to help her get up. During an observation of Resident #6's room on at 10:42 am, she was seen laying in bed with half side rails up. There was a Geri chair in her room with blankets on it. The reclining function was located behind the chair and in such a location that the user would not be able to reposition oneself without standing up and accessing the lever from the side or of the chair. Photographic evidence obtained. The Administrator was asked about Resident #6 on at 10:58 am. She explained Resident #6 had a seatbelted chair when she was enrolled with Hospice and they discharged and the equipment was replaced. Her new Geri chair does not use a seatbelt. She had a tray that could be fixed to the chair in front of the resident while she was using it. She confirmed Resident #6 was reclined . . . in the Geri chair when she was using it for her own safety. The current service plan was reviewed. She confirmed the required elements for Resident #6's Geri chair	A 033		

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A 033	Continued From page 9 use were not contained in the current documentation. Class III	A 033		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of 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	A 052		

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A 052	Continued From page 10 section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed,"	A 052		

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A 052	Continued From page 11 unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with 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, orally advising the resident of the name and dosage of the medication 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,	A 052		

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A 052	Continued From page 12	A 052		

and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
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.
(g) 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.
(h) All trained staff must adhere to the facility's

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A 052	Continued From page 13 . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure two of four sampled residents received their medication according to directed use (Resident #3 and Resident #4). The findings include: During an observation of the Administrator assisting Resident #3 with medications on . . . . . , she presented her with medications at 3:54 pm. The pills were divided out in a baggie from the pharmacy and she placed them in a cup for Resident #3 to take. Upon completion, she returned to the medication cart. She explained she gave Resident #3 5 pills, including , 25mg and Pantaprazole 20mg. Resident #4 received assistance at 3:56 pm on from the Administrator. She presented Resident #4 with 4 pills including , , , and . , , . . . Review of the MOR Medication Observation Record showed Resident #3's times listed as 8pm for the . . . , . . . and Pantaprazole. The baggie of medication was reviewed which contained the pills, and 8:00 pm was printed at the top. Photographic evidence obtained. Resident #4's medications were also listed to be	A 052		

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	AL11953272	A. BUILDING: _____ B. WING _____	09/21/2021

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A 052	Continued From page 14 given at 8:00 PM, with orders stating to give at bedtime. This was reviewed with the Administrator at 4:33 pm on . . . . She acknowledged the error in the time she gave Resident #3 and #4 their medications. Class III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (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. 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 . . . . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a	A 078		

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A 078	Continued From page 15 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (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. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure two of two staff members	A 078		

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A 078	Continued From page 16 maintained up to date results (the Administrator and Employee A). The findings include: During a review of personnel records on , there was no evidence of annual screening for either Employee A, hired , or the Administrator. Employee A's file contained a document dated but the testing documentation was blank and only the questionnaire was filled in. It did not provide evidence she was assessed by a clinician for her status. Photographic evidence obtained. This was reviewed with the Administrator on at 3:24 PM. She acknowledged she did not have a current test. By the time of survey exit on , there was no additional documentation to show Employee A had an annual screening. Class III	A 078		
A 079 SS=F	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294	A 079		

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A 079	Continued From page 17	A 079		

36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently

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A 079	Continued From page 18	A 079		

certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least . must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work

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A 079	Continued From page 19 schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no	A 079		

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A 079	Continued From page 20 longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a staff person on each shift held current first aid and certification. Additionally, the facility failed to ensure the minimum staffing hours were met. This has potential to affect all residents of the facility. The findings include: 1. During a review of scheduling on . . . . . , the Assistant Administrator stated in an interview at 12:07 PM that the Administrator works "all the time," Employee A comes in from 7am to 2:30pm Monday to Friday, and Agency staff comes in to work the overnight shift. She explained she does not do direct care. The staff schedule presented on . . . . . showed weekly staffing with the Administrator, Employee A, the Assistant Administrator, and Agency staff scheduled. These employees where the only ones scheduled as far . . . as when a former staff member was listed, in additional to these 4 people, but on the schedule showed that person	A 079		

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A 079	Continued From page 21 quit. Photographic evidence obtained. The schedule for the week of . . . . . showed the Administrator worked 105 hours (every day). Employee A worked 43 hours (Monday to Saturday). Agency staff worked 48 hours (Tuesday to Sunday). This totaled 196 direct care hours for the 9 residents of the facility. Photographic evidence obtained. During an interview with Employee A on at 9:21 am, she explained she did not work last week after Monday when she called off sick. She confirmed that before her current shift on . . . . . she had not worked since . The week beginning showed the Administrator was scheduled to work 125 hours (every day), Employee A was scheduled to work 40 hours (Monday to Friday and Sunday), and Agency staff was scheduled to work 29 hours (Wednesday to Sunday). This was 194 hours of direct care for the 9 residents. Photographic evidence obtained. The Administrator was asked about the scheduled on at 11:44 am. She explained she had difficulty staffing according to the census requirement. When asked about last week's schedule which showed Employee A worked 43 hours, she confirmed the error and explained Employee A did not work the hours that were listed on the schedule. 2. A record review was done of the Administrator's file which showed she took and First Aid training in , . This certification expired in , ... There was no additional training on file to show she held current	A 079		

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A 079	Continued From page 22 credentials in First Aid or . Review of the schedule showed she was scheduled to work alone at some point every day for last week and the current week. Photographic evidence obtained. A request was made for her First Aid and certification on . . . . . at 9:05 am. She confirmed her updated training is outstanding and she is planning on getting this done in the future. Class III	A 079		
A 090 SS=D	59A-36.011(11) FAC Training - . . . . (11) . TRAINING. (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 . (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. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one of two sampled employees (Employee A) took training in the facility's policy and procedures for . . . . (. .).	A 090		

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A 090	Continued From page 23 The findings include: Employee A's personnel file showed she was hired on . . . . . Nothing in the record showed she took training in the facility's policy and procedure for . 's. On . . . . . a binder of inservice training was presented. In it there was a training packet for . 's. The sign in sheet clipped to the packet was blank. Photographic evidence obtained. No other trainings in this binder showed Employee A received training. The Administrator was asked during an interview on . . . . . at 9:05 am about Employee A's training. She stated she thought she had the training done offsite. No trainings were presented by the end of the survey on to show Employee A received training in the facility's policy and procedure for . Class III	A 090		
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. , 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 24 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 25 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 26 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 record review and interview, the facility failed to ensure resident records were complete for two of two sampled residents (Resident # 4 and #5). The findings include: During a record review of Resident #4's file, a contract could not be located. Her admission	A 162		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD RETIREMENT CENTER	1220 JIMMY ANN DRIVE DAYTONA BEACH, FL 32117

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 162	Continued From page 27 date was listed as . . . . . There was also no contract in the file for Resident #5, who had a move in date documented as . . . . . . The Administrator was asked for the contracts on . By the end of the survey on . . . . . , no contracts were produced for Resident #4 or Resident #5. Class III	A 162		