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
	AL11910801	A. BUILDING: _____ B. WING _____	12/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER SUNCOAST	1095 PINELLAS POINT DR S SAINT PETERSBURG, FL 33705

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number: 2021015284) and a generator monitoring were conducted at Westminster Suncoast on [redacted]. Deficiencies were identified at the time of 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,	A 010		

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A 010	Continued From page 1 and the resident is under the care of a physician 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 -to-medical examination by a health care practitioner 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 the practitioner's form or 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, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a 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 practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (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 an 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	A 010		

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A 010	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to obtain an updated health assessment for one of thirteen (Resident #2) sample resident after a significant change in condition occurred. Findings Included: A record review for Resident #2, conducted on [redacted], revealed that Resident #2 was a moderate risk for elopements according to the Elopement Risk Assessment form dated [redacted] and [redacted]. According to Resident #2's health assessment form dated [redacted], Resident #2 was not at risk for elopements and was independent with all activities of daily living. According to Resident #2's service care plan dated [redacted], Resident #2 was independent with all activities of daily living except eating and arranging transportation in which he needed supervision for both. According to Resident #2's service care plan dated [redacted] Resident #2 required supervision with toileting and transferring and assistance with bathing, [redacted], grooming, eating, medications, and arranging transportation. There was no facility documentation related to any elopements in Resident #2's record. There was no updated health assessment to correlate with Resident #2's changes in condition. Resident #2 was admitted to the facility on [redacted]/20219 and resided in the memory care unit. A review of an adverse incident report for Resident #2, conducted on [redacted], revealed that Resident #2 eloped from the memory care unit on [redacted] at approximately 12:30pm from the second-floor exit doors and the resident	A 010		

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A 010	Continued From page 5 was placed on thirty-minute checks. During an interview with Assisted Living Coordinator (ALC), conducted on at 02:11pm, the ALC stated that Resident #2 was placed on thirty-minute checks after his elopement from the memory care unit. The ALC was unable to provide evidence that the thirty-minutes checks were completed. The ALC agreed that the facility did not obtain an updated health assessment form for Resident #2. Class III	A 010		
A 025 SS=G	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.	A 025		

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A 025	Continued From page 6 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide care and services to meet residents' elopement risk needs and placed thirteen of thirteen memory care residents at risk for elopement. Furthermore, the facility failed to follow their corrective actions after	A 025		

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A 025	Continued From page 7 an elopement from the memory care unit. Additionally, the facility failed to maintain resident records with documentation of their changes in condition. Findings Included: Observations of the second-floor memory care unit, conducted on [redacted] from 01:15pm through 01:45pm revealed: - At 01:15pm, Resident #5 was attempting to get on the elevator as Surveyors were exiting the elevator. There was one staff present working in the memory care unit with thirteen residents. - At 01:27pm, Staff E returned to the memory care and assisted one unidentified male resident with his toileting needs and Staff D assisted Surveyors with the identification of all thirteen residents. There was no staff present to monitor the elevator doors or exit doors during this time. - At 01:42pm, the low numbered rooms of the 200-hall exit door was pushed and a low toned alarm sounded. A continued push on the door did not set off a louder sounding alarm. Staff D reset the alarm. - At 01:45pm, upon return to the elevators, there was no staff present monitoring the elevators and Resident #5 was again near the elevator doors. During an interview with Staff D, conducted on [redacted] at 01:15pm, Staff D stated that there were twelve memory care residents but Resident #5 was brought to the unit from the third floor due to exit seeking behaviors earlier that day. Staff D stated that there was one staff member that usually worked in the memory care each shift. At 01:33pm, Staff D stated that the acuity is high at the facility and did not feel that there was enough staff. Staff D stated that the memory care unit	A 025		

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A 025	Continued From page 8 usually had one staff and there would be no way for that staff to monitor the elevator doors and exit doors while performing care such as toileting, showering, or _ other residents. Staff D stated that if a person going up the elevator and accidentally pushed the second-floor button, the elevator doors automatically opened and if there was not someone there to prevent a memory care resident from getting on the elevator, the resident would be able to get on and leave the memory care unit. At 01:35pm, Staff D stated that the two exit doors were breakaway doors and that when the doors were pushed, a low sounding alarm would sound to alert staff that a resident was trying to get out and upon a continued push, the doors would open, and a louder alarm would sound to alert staff that a resident exited the door. Staff D stated that there must be something wrong with the door alarm when the louder alarm did not sound when the Surveyor continued to push on the door and the door opened. After resetting the alarm, Staff D stated that the alarm had been turned off. During an interview with Staff E, conducted on at 01:35pm, Staff E stated that he usually worked in the memory care unit by himself and was unable to monitor the exit doors or elevator doors when he was tending to resident' toileting, showering, or _ needs. A review of an adverse incident report for Resident #2, conducted on _____, revealed that Resident #2 eloped from the memory care unit on _____ at approximately 12:30pm from the second-floor exit doors and the resident was placed on thirty-minute checks. A record review for Resident #3, conducted on , revealed that Resident #3 was a high	A 025		

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A 025	Continued From page 9 risk for elopements according to the Elopement Risk Assessment form dated and health assessment form dated . Resident #3's service care plan dated made no mention of care and services provided for elopement prevention. According to Resident #3's progress notes, the resident eloped from the memory care unit on . There was no other documented elopements in Resident #3's record. Resident #3 was admitted on and resided in the memory care unit. A review of adverse incident reports for Resident #3, conducted on , revealed that Resident #3 eloped from the memory care unit on at approximately 01:10pm and the analysis and corrective action stated that the exit door alarm was not loud enough for staff to hear, and the maintenance department adjusted the loudness of the alarm and the alarm was working properly. Resident #3 eloped from the memory care unit again on at approximately 04:45pm and the analysis and corrective action stated that Resident #3 made it down the elevator and "since the incident staff has to constantly monitor the elevator to make sure that residents are not able to get on without knowing". A record review for Resident #4, conducted on , revealed that Resident #4 was a high risk for elopements according to the Elopement Risk Assessment form dated . According to Resident #4's health assessment form dated , he was not an elopement risk, and the health assessment form did not state that type of assistance that the resident required for eating. There were no medications listed with the health assessment form and page five did not identify the residents needs for elopement risk prevention. Resident #4's service	A 025		

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A 025	Continued From page 10 care plan dated ... made no mention of care and services provided for elopement prevention, violent behaviors, or getting into bed with female residents. According to Resident #4's progress notes, the resident eloped from the memory care unit on . On , Resident #4 was found in bed with a female memory care resident (Resident #1) and became violent when staff attempted to get him away from Resident #1. On , Resident #4 was violent towards staff and hitting them. Resident #4 had a change in condition and Resident #4 was admitted to the facility on ... and resided in the memory care unit. A review of an adverse incident report for Resident #4, conducted on , revealed that Resident #4 eloped from the memory care unit on at approximately 10:23am and the analysis and corrective action stated that Resident #4 left from the exit door and the alarm briefly sounded and that the maintenance department checked and there were no issues with the door alarms. There was no incident report or documentation of notifications made when Resident #4 was found in bed with female Resident #1. There was no incident report when Resident #4 was hitting staff. An employee record review for the Assisted Living Coordinator, conducted on , revealed that the Assisted Living Coordinator had a disciplinary action form in her employee record regarding the failure to notify the proper facility personnel when Resident #4 eloped from the memory care unit on ... . A review of the staffing schedule, conducted on , revealed that on and	A 025		

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A 025	Continued From page 11 . . . . . there was only one employee scheduled for the memory care unit when Resident #3 eloped from the unit. On . . . . , there was only one employee scheduled for the memory care unit when Resident #2 eloped from the unit. During an interview with Assisted Living Coordinator (ALC), conducted on . . . . at 02:11pm, the ALC stated that Resident #2 was placed on thirty-minute checks after his elopement from the memory care unit. The ALC was unable to provide evidence that the thirty-minutes checks were completed. The ALC stated that the maintenance department performed door checks this morning and must have forgotten to turn the alarm . . on. The ALC agreed that it was not possible to constantly monitor the elevator doors and exit doors with only one staff working in the memory care unit. The ALC agreed that the facility's elopements had significantly increased. At 03:37pm, the ALC agreed that the facility was not following their corrective action plan to constantly monitor elevator doors and agreed that the facility did not obtain an updated health assessment form for Resident #2 and that Resident #4's health assessment did not include all of the required data. The ALC agreed that the memory care unit's exit doors had ongoing alarm issues. Class II	A 025		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training	A 081		

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A 081	Continued From page 12 must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:	A 081		

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A 081	Continued From page 13 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.	A 081		

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A 081	Continued From page 14 (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff with the required two hours pre-service orientation training prior to interaction with residents and trainings for activities of daily living and behavioral needs, incident reporting, and adverse incident reporting within thirty-days of employment for three employees (Staff A, B, and C) of three sampled employees.	A 081		

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A 081	Continued From page 15 Findings Included: An employee record review for Staff A, conducted on , revealed that Staff A's record did not contain evidence that the employee received training regarding incident reporting and adverse incident reporting trainings withing thirty days of employment. Staff A was hired on . An employee record review for Staff B, conducted on , revealed that Staff B's record did not contain evidence that the employee received two-hours of pre-service orientation prior to interacting with residents. Staff B's record did not contain evidence that the employee received trainings regarding activities of daily living and behavioral needs, incident reporting, and adverse incident reporting within thirty-days of employment. Staff B was hired on . An employee record review for Staff C, conducted on , revealed that Staff C's record did not contain evidence that the employee received two-hours pre-service orientation prior to interacting with residents. Staff C was hired on . During an interview with the Assisted Living Coordinator, conducted on at 02:35pm, the Assisted Living Coordinator agreed that Staff B and C's record did not contain evidence that the employees had two-hours pre-service orientation prior to interacting with residents. The Assisted Living Coordinator agreed that Staff A and B's record did not contain evidence that the employees had trainings in incident reporting and adverse incident reporting and that Staff B's record did not contain evidence that the employee had training for activities of daily living and behavioral needs within thirty days	A 081		

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A 081	Continued From page 16 of employment. Class III	A 081		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary	A 160		

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A 160	Continued From page 17 emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C.,	A 160		

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A 160	Continued From page 18 issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated 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 maintain an up-to-date admission and discharge log with all required admission and discharge data for ten current and former Residents (#6, #7, #8, #9, #10, #11, #12, #13, #14, and #15) of ten sampled current and former residents. Findings Included: A review of the admission and discharge log, conducted on , revealed that the admission and discharge log did not include all required admission and discharge data for current and former residents. There was no place noted where Resident #6 was admitted from on . . . . . There was no date of discharge, reason for discharge, or the place that Residents #7, #8, #9, #10, #11, #12, and #13 were discharged to. Resident #14 was discharged to home on and there was no reason for her discharge or the specific address where she	A 160		

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A 160	Continued From page 19 was discharged to. There was no date of Resident #15's admission or the place where he was admitted from. Resident #15 was discharged on and there was no reason for his discharge noted or the home address of where he was discharged to. During an interview with the Assisted Living Coordinator, conducted on at 02:24pm, the Assisted Living Coordinator agreed that the admission and discharge log was not up-to-date and did not include all required admission and discharge data. Class III	A 160		
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 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.	A 162		

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A 162	Continued From page 20 (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 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	A 162		

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A 162	Continued From page 21	A 162		

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 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,

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A 162	Continued From page 22 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 maintain resident records for hospice residents with the required interdisciplinary care plan ( ), a hospice admission or consent form, an authorization by a health care provider for Hospice services, and a health assessment with all required data documented on the Agency for Health Care Administration , Form 1823 (1823) for one Resident (#1) of one sampled resident admitted to hospice services. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to Hospice services on . There was no consent signed by Resident #1 or the resident's responsible party for hospice services. There was no authorization or order from Resident #1's health care provider for	A 162		

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A 162	Continued From page 23 Hospice services. Resident #1's record did not include an that specified and described the care and services that were provided by hospice and those provided by the facility. Resident #1's most recent 1823 dated was documented on the form and not the , required form and did not include the resident's required nursing services of hospice on page one or the type of assistance that the resident required for medication administration. Resident #1's medication were not listed or attached to the 1823. Resident #1 was admitted to the facility on . During an interview with the Assisted Living Coordinator, conducted on at 02:37pm, the Assisted Living Coordinator agreed that Resident #1's record did not include a consent form signed by Resident #1 or her responsible party, an , and an authorization by a health care provider that Resident # , be admitted to hospice services. The Assisted Living Coordinator agreed that Resident #1's 1823 was not documented on the required , form and did not include the type of assistance that the resident required for medication administration or the prescribed medications that she took. Class III	A 162		