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
	AL11969455	A. BUILDING: _____ B. WING _____	R 12/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRITOS HOME II CORPORATION	8603 NW 192 LN MIAMI GARDENS, FL 33015

(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 082} SS=D	59A-36.011(4) FAC Training - /	{A 082}		

(4)

(/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure that one out of two (Staff B) sampled staff completed the and (and ,) training within 30 days of employment .

Findings included:

Observation on at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. Further observation revealed two residents seated in the living room without masks.

During an interview on at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility.

A review of Staff B's (caregiver) personnel record (hired) showed there was no

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{A 082}	Continued From page 1 documentation of and training. On at 2:50 PM the administrator acknowledged that Staff B did not have the training. Uncorrected Class III	{A 082}		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques,	{A 084}		

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{A 084}	Continued From page 2 including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ;	{A 084}		

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{A 084}	Continued From page 3 j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible], [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training	{A 084}		

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{A 084}	Continued From page 4 provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of two (Staff B) sampled staff completed two hours of continuing education training on providing assistance with self-administered medications and safe medication practices. Findings included: Observation on at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. During an interview on at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility. Uncorrected Class III	{A 084}		
{A 085} SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of	{A 085}		

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{A 085}	Continued From page 5 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to complete the training related to nutrition and food service for one out of two (Staff B) sampled staff. Findings included: Observation on at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility During an interview on at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility. Uncorrected Class III	{A 085}		
{A 090} SS=D	59A-36.011(11) FAC Training - (11) TRAINING.	{A 090}		

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{A 090}	Continued From page 6 (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 that staff received training regarding ( ) training for one out of two (Staff B) sampled staff. Findings included: Observation on . . . . . at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. Further observation revealed two residents seated in the living room without . . . masks. During an interview on . . . . . at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility. Uncorrected Class III	{A 090}		

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{A 093}	Continued From page 7	{A 093}		
{A 093} SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the	{A 093}		

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{A 093}	Continued From page 8	{A 093}		

facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein

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{A 093}	Continued From page 9 food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of . . . . . the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, and interview the facility failed to maintain a sufficient emergency water supply or a plan for obtaining water in an emergency for a census of 6 residents. Findings included: Observation on . . . . . at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. Further observation revealed two residents seated in the living room	{A 093}		

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{A 093}	Continued From page 10 without masks. During an interview on at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility. Uncorrected Class III	{A 093}		
{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	{A 160}		

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{A 160}	Continued From page 11	{A 160}		

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 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

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{A 160}	Continued From page 12 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., 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 have an updated liability insurance policy . Findings included: Observation on . . . . . at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. Further observation revealed two residents seated in the living room without . . . masks.	{A 160}		

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{A 160}	Continued From page 13 During an interview on . . . . at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility. Uncorrected Class III	{A 160}		
{A 161} SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all	{A 161}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969455	A. BUILDING: _____ B. WING _____	R 12/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRITOS HOME II CORPORATION	**8603 NW 192 LN MIAMI GARDENS, FL 33015**

(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 161}	Continued From page 14 staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based record review, and interview, the facility failed to maintain a signed attestation of compliance with background screening form or documentation of eligible level II background screening for one out of two (Staff B) sampled staff. Findings included: Observation on at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker)	{A 161}		

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{A 161}	Continued From page 15 working at the facility. Further observation revealed two residents seated in the living room without masks. During an interview on at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility. Uncorrected Class III	{A 161}		
{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. (c) Any orders for medications, nursing services,	{A 162}		

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{A 162}	Continued From page 16 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 disbursed as required in section 429.27, F.S.	{A 162}		

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{A 162}	Continued From page 17 (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, 5. A health care provider's order for a therapeutic	{A 162}		

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{A 162}	Continued From page 18 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 interviews, the facility failed to have a signed informed consent for unlicensed staff to assist with medications for one out of six (Resident #4) sampled residents. Findings included: Observation on [redacted] at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. Further observation revealed two residents seated in the living room without [redacted] masks. During an interview on [redacted] at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility.	{A 162}		

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
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{A 162}	Continued From page 19 Uncorrected Class III	{A 162}		

Agency for Health Care Administration

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A 000	Initial Comments A Revisit Survey was conducted at Britos Home II on [redacted] 20, 2021 through [redacted] 27, 2021. Deficiencies were identified at the time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) [redacted] CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of [redacted] (a) The facility must implement a [redacted] hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to [redacted] materials or [redacted] hygiene may include the use of [redacted]-based rubs, [redacted] handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an [redacted] exposure to transmissible [redacted] agents in [redacted], nonintact skin, and mucuous [redacted] during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, [redacted] protection, or a shield. (c) The facility must clean and [redacted] reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide services in a manner that reduced the risk of transmission of	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 . . . . . Six out of six sampled residents (#1, #2, #3, #4, #5, and #6) tested positive for COVID-19 and four out of six sampled residents (#1, #2, #5, and #6) were hospitalized. The relicensure inspection was not able to be conducted. Findings Included: Observation on at 10:10 AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. During an interview on at 10:10 AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. During an interview on at 10:19 AM, Staff A (caretaker) stated that "Resident #1 was the only one that showed any symptoms. After Resident #2 went to the hospital for another reason, her daughter informed us that she tested positive for COVID-19. None of the other residents showed any symptoms. I only had a . . . . . , and I went to get tested on . . . . . and that is when I found out, I was positive." Staff A further stated "When Resident #2 returned to the facility, me and Staff B cared for her and the other residents. I live at the facility for 5 days and I go home for my 2 days off. We wear a shield, gloves, and gown when caring for the residents." Observation on at 10:10 AM revealed Staff A and Staff B wearing only a . . . mask when caring for the residents. According to the Centers for . . . . . Control and Prevention (CDC) as of . . . . . "HCP (healthcare professionals) who enter the room of a patient with suspected or confirmed	A 036		

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A 036	Continued From page 2 SARS-CoV-2 should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level , , gown, gloves, and protection (i.e., goggles or a shield that covers the front and sides of the). During an interview on at 10:28 AM, Staff B (Caretaker) stated that "Resident #1 was the only one with symptoms. No one else had any symptoms. I went to get tested on and found out, I was positive. The first we knew of anyone being positive at the facility was when Resident #2's daughter called us to tell us that she tested positive at the hospital. I care for all of the residents at the facility. We wear masks, gloves and shields when caring for them. The day you came to the facility the residents did not have masks on because I just took them off because they were about to have a snack. I live and work at the facility for 5 days and I go home for my 2 days off." According to the Centers for Control and Prevention (CDC) as of , " , , HCP with a higher-risk exposure and patients with close contact with someone with SARS-CoV-2 , regardless of status, should have a series of two tests for SARS-CoV-2 . In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again days after the exposure." According to the CDC as of , ,"When you have been fully : If you have symptoms of COVID-19, you should get tested and stay home and away from others. See a healthcare provider if you are really sick. If your	A 036		

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A 036	Continued From page 3 test result is positive, ... at home for 10 days." According to the CDC as of , " Boosted, ... or . . . . . HCP with SARS CoV-2 : Conventional- 10 days or 7 days with negative test, if . . . . or mildly , , (with improving symptoms), Contingency- 5 days with/without negative test if , , or mildly , , (with improving symptoms), Crisis- no work restriction with prioritization considerations. According to the CDC Return to work criteria for HCP with SARS-CoV-2 updated as of . . . . . , "HCP with mild to moderate illness who are not moderately to severely , : At least 7 days if a negative . . or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day) have passed since symptoms first appeared, and At least 24 hours have passed since last without the use of -reducing medications, and Symptoms (e.g., ... ,) have improved." The CDC further states "HCP who were . . , throughout their and are not moderately to severely . . . . . , ... : At least 7 days if a negative . . or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or a positive test at day . .) have passed since the date of their first positive test. During an interview on at 11:45 AM, Staff B stated, "I had no symptoms after my positive test result on so I continued to work."	A 036		

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A 036	Continued From page 4 During an interview on . . . . . at 11:49 AM, Staff A stated " I left work on after I got the positive result because I was not feeling well. I left for 10 days and I returned on . Staff B was working at the facility along with the administrator because there were only 3 residents at the time." During an interview on . . . . . at 11:54 AM, the administrator stated "After Staff A and B tested positive on . . . . , Staff A left the facility and was gone for about 7 days. Staff A left because she wanted to take some days off because she had not taken any days off for a long time. Staff B continued working at the facility and I went to the facility to help out and leave, I never spent the night. I did not try to get any other workers at the facility because there were only 3 residents there at the time." During further interview on . . . . . at 12:23 PM, The administrator stated "I was never tested for COVID-19. I never had any symptoms, so I did not get tested." Review of hospital records revealed : Resident #6 was admitted to the hospital on . . . . . presenting with a . . . . . right ankle and found to be positive for COVID-19. Further review revealed Resident #6 was discharged to a skilled nursing facility with a on the right ankle, ... and positive for COVID-19. Resident #5 was admitted to the hospital on and found to be positive for COVID-19. Further review revealed the resident was discharged from the hospital with a complicated . . . . . (.) and positive for COVID-19.	A 036		

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A 036	Continued From page 5 Resident #2 was admitted to the hospital on and found to be positive for COVID-19. Resident #2 presented with and a low-grade . Further review revealed Resident #2's daughter reported "Many patients at the ALF had like symptoms in the past week". Resident #1 was admitted to the hospital on and found to be positive for COVID-19. Further review revealed the resident presented to the hospital with , mild and due to COVID-19 and was discharged to a skilled nursing facility. Resident record review revealed: Resident #1's health assessment (AHCA Form 1823) completed on showed diagnoses of , , , essential tremor, ( ), type 2, , 's , D deficiency, and . Further review revealed Resident #1 required supervision with grooming and assistance with ambulation, bathing, , and self-administration of medication. Resident #2's health assessment (AHCA Form 1823) completed on showed diagnoses of , , , Acute , and . Further review revealed Resident #2 required supervision with eating, and needed assistance with ambulation, bathing, , grooming, toileting, transferring, and self-administration of	A 036		

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A 036	Continued From page 6 medication. Resident #3's health assessment (AHCA Form 1823) completed on showed diagnoses of , major , sleep , history of , and . Further review revealed Resident #3 required supervision with eating, toileting and transferring, and needed assistance with ambulation, bathing, , grooming and self-administration of medication. Resident #4's health assessment (AHCA Form 1823) completed on showed diagnoses of ( ), , , high type 1, , and . Further review revealed Resident #5 required assistance with ambulation, bathing, , grooming, toileting, transferring and self-administration of mediation. Resident #5's health assessment (AHCA Form 1823) completed on showed diagnoses of , , , , , , and . Further review revealed Resident #5 required supervision with bathing, , and toileting and needed assistance with ambulation, grooming and transferring and self-administration of medication. Resident #6's health assessment (AHCA Form 1823) completed on showed diagnoses of , , , of , , , history of , and history of , . Further review revealed Resident #6 required supervision with	A 036		

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A 036	Continued From page 7 ambulation, eating, and transferring, and needed assistance with bathing, , grooming, toileting, and self-administration of medication. During an interview on at 10:18 AM, Staff A stated "Resident #1 went to program and returned with symptoms around . On all of the other residents had symptoms. I informed the administrator, and she called the doctor who prescribed C and syrup to the residents. I tested positive for COVID-19 on . All of the residents are against COVID-19 except for Resident #2." During an interview on at 10:58 AM, the administrator stated "Resident #5 was admitted to the hospital on , Resident #6 was admitted to the hospital on and returned to the facility on . On Resident #1 had a but no . On Resident #2 was taken to the hospital by her daughter and returned to the facility on . On Resident #1's provider tested her for COVID-19 at the facility and all other residents were tested by their provider. On I received all of the positive results for the residents. On Resident #1 was sent to the hospital by her provider because she had a and was COVID-19 positive." During an interview on at 11:18 AM the administrator stated, "all of the residents were in their rooms, we have 4 rooms at the facility." The administrator further stated that "Residents #2, #3, #4, and #6 are currently at the facility, with Resident #3 being under hospice care, and Residents #1 and #5 are still hospitalized." The administrator failed to clarify how the six residents and two staff were in the facility with 4 bedrooms.	A 036		

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	AL11969455	A. BUILDING: _____ B. WING _____	R 12/27/2021

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A 036	Continued From page 8 During an interview on at 11:25 AM, the administrator stated that "Resident's #1, #3, #4, #5, and #6 along with Staff A and Staff B were for COVID-19. Resident #2 did not receive the ." According to the CDC as of , , " residents who have had close contact with someone with SARS-CoV-2 should be placed in for 14 days after their exposure, even if testing is negative." During an interview on at 11:55 AM, Staff A stated the room assignments are as follows "Residents #1 and #3 were in , Residents #4 and #6 were in , Resident #2 was in , and Resident #5 was in . When Resident #2 was hospitalized on , Resident #1 was in her room, . When Resident #6 returned from the hospital on she was placed in ." During an interview on at 11:25 AM, the administrator stated "Staff A and B were caring for all of the residents at the facility. When Resident #1 presented with a , they began wearing full PPE (personal protective equipment)." During an interview on at 11:16 AM, the nurse for Resident #4's administration stated that "I provide administration for Resident #4. I was made aware that the facility had positive COVID-19 cases about a week ago." During an interview on at 10:47 AM, Resident #1's primary care provider stated that "On , the ALF (assisted living facility) called to tell me Resident #1 was showing	A 036		

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A 036	Continued From page 9 symptoms, so I went to the facility to test her and, she was positive. They informed me during my visit that they had some positive residents. Resident #`1 was hospitalized on and transferred to a skilled nursing facility on , she has not been discharged to the ALF yet." During an interview on at 2:57 PM, Resident # 2's daughter stated "Since my mom had low , I decided to take her to the hospital on . When she went to the hospital, I was informed that she was COVID-19 positive. I called the facility to let them know my mom was in the hospital and positive for COVID-19 and that is when they told me two other residents, Resident #1 and #5, were also positive for COVID-19. My mom was discharged from the hospital and returned to the facility on ." Review of the prevention and control plan policies and procedures, received on at 10:47 AM, revealed the facility must 'Contact the health department within 12 hours for any of the following: If COVID-19 is suspected or confirmed among residents of facility personnel. If a resident develops severe , . If more than 3 residents or facility personnel develop or , symptoms within 72 hours of each other.' During an interview on at 11:25 AM, the administrator stated that "The Department of Health (DOH) contacted me on because they were informed of the positive results by the testing lab, and they came to the facility on ." Further review of the prevention and	A 036		

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A 036	Continued From page 10 control plan policies and procedures revealed the facility must 'Immediately anyone who is . Wear all recommended PPE. Move the resident to an room and close the door. Monitor ill resident at least 3 times daily. Notify the health department if 1 resident or employee develops symptoms or individuals with known or suspected COVID-19 are identified. Prioritize COVID-19 testing, transfer to COVID-19 unit (hospital) if positive, call 911 for any resident in acute distress.' During an interview on at 10:57 AM, the administrator stated that "Resident #2 was the first person I was notified of having COVID-19. The hospital called me about Resident #6, but they told me she was negative when at the hospital. A few days after Resident #2 tested positive, I was informed that Resident #6 was positive for COVID-19. Resident #5 is still in the hospital, and I have not been notified on if she is positive or negative for COVID-19. Residents #3 and #4 will be retested for COVID-19 today." During an interview on at 11:03 AM the primary care provider for Resident's #2, #3, #4, and #5, stated that "I was at the facility on and at that Resident #5 was coughing a little bit and everyone else was , she had clear and no . We ordered work and of . On the work results revealed function of significant degree. We had her sent to the hospital and I didn't hear anything . Resident #2's family decided to send her to the hospital on her own because she was a little down. She tested positive on for COVID-19. The administrator called us on to have the other 2 residents tested. We arranged for the lab to go to the facility and	A 036		

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A 036	Continued From page 11 Residents #3 and #4 were tested on [redacted] and they were positive for COVID-19. None of the residents had any [redacted] they were [redacted]. The facility is planning to have the other residents retested. The hospitals often don't inform the facility of the positive results right away." During an interview on [redacted] at 12 PM, the administrator stated, "We are using Clorox to clean everything in the facility." Class III	A 036		
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 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	A 081		

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A 081	Continued From page 12 staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility 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	A 081		

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A 081	Continued From page 13 , 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. (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	A 081		

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A 081	Continued From page 14 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 observation, interview and record review, the facility failed to provide in-service training for reporting major incidents; facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation; resident rights in an assisted living facility; recognizing and reporting resident , neglect, and ; resident behavior and needs; providing assistance with the activities of daily living (ADLs) to facility staff within thirty (30) days of employment for one out of twenty-one sampled staff (Staff B). Findings included: Observation on at 10:10AM revealed Staff A (caretaker) and Staff B (caretaker) working at the facility. During an interview on at 10:10AM, Staff A stated that all of the residents and staff at the facility were positive for COVID-19. The revisit survey was unable to be conducted due to all residents and staff being positive for COVID-19 in the facility. Uncorrected	A 081		

Agency for Health Care Administration

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A 081	Continued From page 15 Class III	A 081		