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
	AL11967189	A. BUILDING: _____ B. WING _____	01/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF PALM COAST	100 MAGNOLIA TRACE WAY PALM COAST, FL 32164

(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 (#2021004494, #2021004496 and #2021005073) survey, and Emergency Environmental Control Plan monitoring survey were conducted at Grand Villa of Palm Coast Assisted Living Facility on [redacted]. The facility had deficiencies at the time of the survey.	A 000		

AHCA Form 3020-0001

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

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A 000	Initial Comments A complaint investigation (#2021004494, #2021004496 and #2021005073) survey, and Emergency Environmental Control Plan monitoring survey were conducted at Grand Villa of Palm Coast Assisted Living Facility on [redacted]. The facility had deficiencies at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper	A 052		

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A 052	Continued From page 1 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (h) Using a [illegible] to perform [illegible] level checks. (i) Assisting with putting on and taking off [illegible] stockings. (j) Assisting with applying and removing an [illegible] but not with titrating the prescribed [illegible] settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with [illegible] bags. (4) Assistance with self-administration does not include: (a) Mixing, [illegible], converting, or [illegible] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], [illegible], or [illegible] preparations.	A 052		

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A 052	Continued From page 2 (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.	A 052		

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A 052	Continued From page 3 (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean	A 052		

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A 052	Continued From page 4 interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, clinical record review, employee file review and facility policy and procedure review, the facility failed to ensure only licensed staff provided medication administration to one of three sampled residents. The findings include: On at 11:00 AM, Employee G was observed preparing for the 12:00 PM medication pass. She took a medication cup and set it on the cart. She stated Resident #1 got 650mg of , by every six hours. She gave it to her crushed in pudding. She pushed the two pills out of the bubble pack and into the medication cup and then into a plastic bag. She crushed the medications with a pill crusher and dumped them . . . into the medication cup. She then added pudding to the crushed medications and stirred it up. She stated the resident was hard to pass medications to because she did not open her . . . . She could swallow but it took a few minutes to pass the medications because she must work with the resident to open her . Employee G took the medication cup with a plastic spoon and a cup of water to the resident's room on the other side of the common area. The	A 052		

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A 052	Continued From page 5 resident appeared not to respond to her name. Her , were open, and she looked at the medication technician. She did not speak. Employee G proceeded to spoon feed the resident her medications. The resident clenched her jaw if the medication technician tried to give her a spoonful too fast. When Employee G waited a few seconds, Resident #1 opened her . . . . . "You have to be patient with her." Employee G stated. "She won't take it. She's clenching her jaw." Employee G was asked during the medication pass if Resident #1 takes hold of the spoon and assisted with giving herself her medications. Employee G stated "no, recently she has declined and now she will not even take hold of the spoon anymore." She then stopped attempting to give the resident any more of the medication. The resident did not attempt to take hold of the spoon, feed the medications to herself, or assist in any way. The medication technician did not attempt to assist the resident to give her medications to herself by having the resident take hold of the spoon and use . . over assistance to get it to her . At no time did the resident move her . . . . out from under the bed covers. Employee G stated she would try again later. She then left the room and returned to the medication cart. Review of the employee file for Employee G revealed a training certificate entitled Assistance with Self-Administration Medication Management For Assisted Living Facility dated . . . . . . Employee G received 6 contact hours of training on assistance with self-administration of medication (Photographic evidence obtained). During an interview with the Regional Nurse Consultant on at 2:36 PM she confirmed that the medication technicians were	A 052		

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A 052	Continued From page 6 trained by various instructors. The instructors all use the Florida Dept. of Elder Affairs training for Assistance with Self-Administration of Medications. When it was explained to her that one of the medication technician's was observed spoon feeding medication to Resident #1, she stated "No, that is administration" and confirmed she would need to speak to Employee G. Review of the facility policy and procedure entitled M-21 Medication Management Training dated . revealed "It is the policy of the community that all staff providing medication management completes all required training prior to performing medication management and annually thereafter. 1 Medication Technician Training: As outlined in Rule 58A-5.019 (5), Florida Administrative Code c. The trainer must utilize the Department of Elder Affairs Assistance With Self-Administration of Medication study guide for Assisted Living Facility Staff" (Copy obtained). Review of the facility curriculum for staff training and policy and procedures for assistance with self-administration of medications revealed the facility uses the Florida Department of Elder Affairs 2012 study guide for Assisted Living Facility Staff entitled: Assistance With Self-Administration of Medication to train their medication technicians and as their facility policy. Page 68 of the guide read: How to assist with oral solid medications: 5. Open the container in front of the resident and place medication in the resident's or cup or other suitable device or container. 6. Assist the resident in taking the medication (Do not put in). 9. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. Page 118 of the guide read: "Assistance with	A 052		

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A 052	Continued From page 7 self-administration" does not include: putting medications in resident's (Copy obtained). Class III	A 052		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require	A 055		

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A 055	Continued From page 8 central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are	A 055		

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A 055	Continued From page 9 still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, employee file review and facility policy and procedure review, the facility failed to ensure centrally stored medications were secured when one of three sampled employees was observed leaving the medication cart unlocked on the memory care unit. The findings include: Upon entering the Memory Care unit on [redacted] at 10:38 AM Resident #3 was observed walking around the unit. She walked up to the medication cart and moved items around on top of the cart. The Medication Technician, Employee G, jumped up and came around the desk to stop the resident from touching the items on cart and redirect her. The resident walked away. Employee M, Activities Assistant, engaged the resident and had her sit at one of the tables in the common area. Employee G, medication technician, was	A 055		

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A 055	Continued From page 10 observed on [redacted] at 11:18 AM for the 12:00 PM medication pass. As she was preparing the medication for Resident #3, she was interrupted by Resident #3 coming to the medication cart, and by a family member who had entered the unit for a visit. She stopped and turned to speak with the family member and to redirect Resident #3. She finished preparing the medication and told Resident #3 to come to the cart and take her medication. Resident #3 obliged. Employee G electronically signed the MOR but did not lock the medication cart. At 11:20 am on Employee G stated she was going to assist Resident #1. She walked away from the cart across the common area and into Resident #1's room. The medication cart was still unlocked (Photographic evidence obtained). Employee G was away from the cart for four to five minutes. Resident #3 was [redacted] around the common area. Employee G exited Resident #1's room but did not return to the medication cart immediately. At 11:27 AM on [redacted] Employee G walked across the common area room and pushed the lock in on the medication cart and then walked away again. During an interview on at 1:10 PM with Employee G, she confirmed that she had left the medication cart unlocked. She confirmed the cart was to be locked at all times. On [redacted] at 1:20 PM, Employee G walked away from the medication cart again and left it unlocked. She took medication and a cup of water to Resident #3. She walked to the other side of the common area and [redacted] to the cart. She documented in the electronic MOR. The cart	A 055		

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A 055	Continued From page 11 remained unlocked. Resident #13 returned to the unit after a dentist , , . Resident #13's family member handed Employee G a bag of leftover food from his lunch, and she took the bag to the refrigerator. She did not lock the medication cart. She then returned to the cart, and walked away from the cart to the table 10 away. At 1:25 PM on , Employee G locked the cart again and then escorted Resident #13 to his room. Review of the employee file for Employee G revealed a training certificate entitled Assistance with Self-Administration Medication Management For Assisted Living Facility dated . Employee G received 6 contact hours of training on assistance with self-administration of medication (Photographic evidence obtained). Review of the facility policy and procedure entitled M-13 Medication Storage Policy and Procedures dated revealed "It is the policy of the community to store and secure medications for residents receiving medication management as required by the medication type. Procedure: The Designee is responsible for ensuring medication is stored properly. 1. All medications, including over the counter, are kept in locked storage at all times (Copy obtained)." Review of the facility curriculum for staff training and policy and procedures for assistance with self-administration of medications revealed the facility uses the Florida Department of Elder Affairs 2012 study guide for Assisted Living Facility Staff entitled: Assistance With Self-Administration of Medication to train their medication technicians and as their facility policy. Page 25 of the guide read: Centrally Stored medication must be maintained as follows: 1.	A 055		

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A 055	Continued From page 12 Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times (Copy obtained). Class III	A 055		
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, including techniques for . . . control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills	A 084		

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(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 084	Continued From page 13 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, [illegible] dosage forms, and [illegible] 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 [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] 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 [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible]	A 084		

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A 084	Continued From page 14 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] 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 provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required	A 084		

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A 084	Continued From page 15 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 personnel file review, staff interview and facility policy and procedure review, the facility failed to ensure one medication technician received a 2-hour update training in Assistance with Self-Administration of Medication annually (Employee I). The findings include: Review of the personnel file for Employee I revealed a training certificate for Assistance with Self-Administration of Medication dated . The employee received 4 hours of continuing education during the training. During an interview with the Regional Nurse Consultant on at 2:36 PM she confirmed that the only training certificate in Employee I's personnel record was for the 4-hour course she took on . . . . . She stated she would try to get in contact with her to see if she had any other trainings since then and could provide proof. No training certificate was received. Review of the facility policy and procedure entitled Medication Management Training M-2 dated . . . revealed "It is the policy of the community that all staff providing medication management completes all required training prior to performing medication management and annually thereafter. The Resident Care Supervisor is responsible for ensuring that all employees providing medication management successfully complete the training requirements mandated by the State of Florida as	A 084		

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A 084	Continued From page 16 well and the Community required training." (Copy obtained). Class III	A 084		
A 200 SS=D	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the	A 200		

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A 200	Continued From page 17 assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single	A 200		

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A 200	Continued From page 18 campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain . . . temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining	A 200		

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A 200	Continued From page 19	A 200		

fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.
3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.
4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.
(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.
(d) The acquisition and maintenance of a . . . . monoxide alarm.
(2) SUBMISSION OF THE PLAN.
(a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan.
(b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.
(c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management

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A 200	Continued From page 20 agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule. (b) The Agency shall allow an extension up to . to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall	A 200		

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A 200	Continued From page 21 notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall	A 200		

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A 200	Continued From page 22 implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and 4. A provision for obtaining medical intervention	A 200		

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A 200	Continued From page 23 from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION.	A 200		

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A 200	Continued From page 24 (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, staff interview and facility document review, the facility failed to ensure a written policy and procedure was readily available onsite for staff to reference as needed. This has potential to affect all residents of the facility in the event power is lost. The findings include: During a tour of the facility on at 2:15 PM, the generator was observed to be a fixed structure with a fuel tank under it. There were metal labels affixed to the generator indicating the amount of fuel the tank held. The label read: Tank capacity 1553 gallons (Photographic evidence obtained). The Housekeeping	A 200		

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A 200	Continued From page 25 Supervisor stated she did not know how much fuel was inside the tank. During a second interview with the Housekeeping Supervisor on at 2:45 PM she stated she was not sure where the monoxide detectors were located in the facility, and she did not know how to test them. She attempted to contact the Maintenance Director who was not on site to find out. No other information was provided. During an interview with the Administrator on at 3:00 PM, he reviewed the EPP and stated there was no policy and procedure outlining to the staff how to immediately implement the EPP if the power went out. He stated the generator will kick in automatically, but he has no written policy and procedure. He confirmed the plan had not been updated since the facility installed a fixed generator. He was asked to produce evidence of the amount of fuel in the fuel tank under the generator. He did not provide any evidence. The Administrator stated he was not sure where the monoxide detectors were located in the building and if they had been tested. Review of the facility County Emergency Management Plan (CEMP) revealed no written policy and procedure for the immediate implementation of the Emergency Power Plan using the fixed generator. Class III	A 200		