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
	AL11965363	A. BUILDING: _____ B. WING _____	R 01/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES OF BRANDON MEMORY CA	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

(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 second revisit to extended congregate care and limited nursing services monitoring visit, a complaint investigation (complaint number: 2021017288), and a generator monitoring were conducted at , Residence of Brandon Memory Care on . Deficiencies were identified at the time of survey.	{A 000}		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical	A 054		

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A 054	Continued From page 1 , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to immediately update Medication Observation Records (MORs) each time a medication was offered to one Resident (#5) of one sampled resident that required assistance with self-administration of medications. Findings Included: A MORs review for Resident #5, conducted on , revealed that Resident #5's MORs had medications that were not documented as given to the resident. The medications included: - 20mg on at 09:00am - Ferosul 325mg on at 09:00am - 500mg on at 09:00am and on and at 05:00pm - 7.5mg on and at 06:00pm - 5mg on at 09:00am and on and at 04:00pm - 1000mcg on at 09:00am - D3 5000unit on at 09:00am - Medi Honey paste to right on through , and During an interview with the Director of Nursing, conducted on at 02:20pm, the	A 054		

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A 054	Continued From page 2 Director of Nursing agreed that Resident #5's MORs had medication that were not documented as given to the resident. Class III	A 054		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the	A 160		

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A 160	Continued From page 3 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 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	A 160		

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A 160	Continued From page 4 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 maintain an up-to-date admission and discharge log with all of the required admission and discharge data for six current and former Residents (#9, #10, #12, #13, #14, and #15) of six sampled current and former residents. Findings Included: A review of the admission and discharge log, conducted on . . . . . ., revealed that the facility's admission and discharge log did not include all required admission and discharge data for current and former residents which included current Resident #9 and 10s' and former Resident #12, #13, #14, and #15s' place of admission. The admission and discharge log did not include Resident #12's reason or place of discharge. The admission and discharge log did not include Resident #13, #14, and #1s' places of	A 160		

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A 160	Continued From page 5 discharge. Resident #9 was admitted on . Resident #10 was admitted on . Resident #12 was admitted on and discharged on . Resident #13 was admitted on and discharged on . Resident #14 was admitted on and discharged on . Resident #15 was admitted on and discharged on . During an interview with the Director of Nursing, conducted on at 03:45pm, the Director of Nursing agreed that the facility's admission and discharge log does not include all the required admission and discharge data for Residents #9, #10, #12, #13, #14, and #15. Class III	A 160		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable.	{A 162}		

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{A 162}	Continued From page 6 (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the 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	{A 162}		

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{A 162}	Continued From page 7	{A 162}		

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

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{A 162}	Continued From page 8 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a -to- health assessment documented on the Agency for Health Care Administration's Form 1823 (1823) with all required data and correct form. Furthermore, the facility failed to maintain resident records with the required Interdisciplinary Care Plan ( ), an authorization from a health care provider for hospice services, and a new 1823 when residents had significant declines in condition, necessitating their admissions to hospice services for six Residents (#1, #3, #4, #6, #7, and #8) of six sample resident records. Findings Included: A record review for Resident #1, conducted on	{A 162}		

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{A 162}	Continued From page 9 , revealed that Resident #1 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on . Resident #1's record did not include an that described the care and services provided by hospice and those provided by the facility and agreed upon by the facility, hospice, and the resident or the resident's responsible party. A record review for Resident #3, conducted on , revealed that Resident #3 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on and unknown date. There was no consent form signed that Resident #3 agreed to hospice services. There was no authorization for hospice services from Resident #3's health care provider. Resident #3's 1823 dated did not state her required nursing services of Hospice on page one. There was no address of the Examiner. Resident #3's name and birth date was not at the top of pages 2, 3, 4, and 5. Page 5 did not describe the care and services that the resident required as defined by sections 1 and 2 of the 1823. The facility did not obtain a new 1823 upon Resident #3's admission to hospice services. Resident #3's record did not include an that described the care and services provided by hospice and those provided by the facility and agreed upon by the facility, hospice, and the resident or the resident's responsible party. A record review for Resident #4, conducted on , revealed that Resident #4 was admitted to the facility on and had a decline in condition necessitating her admission to hospice services on . Resident #4's record did not include an authorization to admit	{A 162}		

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{A 162}	Continued From page 10 the resident to hospice services from her health care provider. Resident #4's most recent 1823 dated . . . . . did not specify the required nursing services of hospice on page one. A record review for Resident #6, conducted on . . . . . , revealed that Resident #6 was admitted to the facility on . Resident #6's most recent 1823 did not specify the type of assistance that he required for medication administration. Page four was missing from the document and there was no name, signature, medical license number, title, telephone number, or address of the Examiner. There was no date of the examination. A record review for Resident #7, conducted on , revealed that Resident #7 was admitted to the facility on . Resident #7's most recent 1823 did not specify the type of assistance that he required for medication administration. There was telephone number or address of the Examiner. There was no date of the examination. A record review for Resident #8, conducted on , revealed that Resident #8 was admitted to the facility on . Resident #8's most recent 1823 dated . . . . . was on the form and not the required , . . . form and stated that she was bedridden when the resident was not bedridden. During an interview with the Director of Nursing, conducted on . . . . . at 03:50pm, the Director agreed to the missing documents and data in Resident ##1, #3, #4, #6, #7, and #8. The Director of Nursing was unable to provide additional documentation.	{A 162}		

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{A 162}	Continued From page 11 Class III	{A 162}		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.	A 181		

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A 181	Continued From page 12 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof that their comprehensive emergency management plan (CEMP) had been approved by the local emergency management agency. Findings Included: During a review of the CEMP approval letter from the emergency management agency, conducted on , revealed that the facility's last CEMP approval was dated . During an interview with the Director of Nursing, conducted on at 01:00pm, the Director of Nursing was unable to provide evidence that the facility submitted the CEMP to the emergency management agency for approval. At 03:35pm, the Director of Nursing was unable to provide proof that the facility submitted their CEMP for approval. Class III	A 181		
{AE203} SS=D	59A-36.021(3) FAC ECC - Staffing Requirements (3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services: (a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or persons. If an administrator appoints a manager as the supervisor of an extended	{AE203}		

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{AE203}	Continued From page 13	{AE203}		

congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C.
1. A baccalaureate degree may be substituted for one year of the required experience.
2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph.
(b) Provide staff or contract the services of a nurse who must be available to provide nursing services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents.
(c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan.
(d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents.
(e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C.
(f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the Facility failed to provide evidence that a Registered Nurse (RN) was employed or . . . . . and available to provide extended congregate care (ECC) services, participate in the development of resident's service plans, and perform monthly

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RESIDENCES OF BRANDON MEMORY CA	1819 PROVIDENCE RIDGE BLVD. BRANDON, FL 33511

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{AE203}	Continued From page 14 nursing assessments for one Resident (#5) of one sampled resident admitted to ECC services. Findings Included: A review of a list of staff, conducted on , revealed that there was no RN employed by the Facility. During an attempt to review a contract with a RN, conducted on , revealed that there was no contract in place for a RN. A review of the ECC binder, conducted on , revealed that the ECC RN was a corporate RN that had a multi-State RN's license from another State. A review of Resident #5's ECC records, conducted on , revealed that Resident #5 was admitted to ECC services on . Resident #5's ECC records included an initial service plan dated . This service plan had no RNs signature as described by the service plan's required signatures. There was no quarterly update to Resident #5's service plan. Resident #5's ECC records did not include frequent progress notes or monthly assessments of the ECC services for right care management. A review of the ECC policy and procedures dated and revised , conducted on , the ECC policy and procedures stated that qualified staff will be available to meet the scheduled and unscheduled needs of ECC residents. The oversight of staff and residents admitted to ECC services by the ECC RN as described in the ECC policy and procedures was too extensive to be met by a RN that resided in	{AE203}		

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{AE203}	Continued From page 15 another State. The facility was not following their ECC policy and procedures. During an interview with the Administrator, conducted on [redacted] at 02:07pm, the Administrator stated that the corporate RN who resided in another State continued to be the ECC RN for the facility. During an interview with the Director of Nursing, conducted on [redacted] at 03:30pm, the Director of Nursing agreed that there was no RN employed or [redacted] for ECC services that came to the facility and performed ECC monthly assessments or other ECC services for Resident #5. Class III	{AE203}		
AE207 SS=D	59A-36.021(7) FAC ECC - Services (7) EXTENDED CONGREGATE CARE SERVICES. All services must be provided in the least restrictive environment, and in a manner that respects the resident's independence, privacy, and dignity. (a) A facility providing extended congregate care services may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self-directed activities, and volunteer services. Family or friends must be encouraged to provide supportive services for residents. The facility must provide training for family or friends to enable them to provide supportive services in accordance with	AE207		

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AE207	Continued From page 16 the resident's service plan. (b) A facility providing extended congregate care services must make available the following additional services if required by the resident's service plan: 1. Total help with bathing, , grooming and toileting, 2. Nursing assessments conducted more frequently than monthly, 3. Measurement and recording of basic vital functions and , 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident's food and fluid intake and output, 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care practitioner's order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed persons will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's informed written consent to provide such assistance as required in section 429.256, F.S., 6. Supervision of residents with and , 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes, 8. Provision or arrangement for rehabilitative services; and, 9. Provision of escort services to health-related . (c) Nursing staff providing extended congregate care services may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this	AE207		

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AE207	Continued From page 17 rule and the facility's written policies and procedures, provided the nursing services are: 1. Authorized by a health care practitioner's order and pursuant to a plan of care, 2. Medically necessary and appropriate for treatment of the resident's condition, 3. In accordance with the prevailing standard of practice in the nursing community, 4. A service that can be safely, effectively, and efficiently provided in the facility, 5. Recorded in nursing progress notes; and, 6. In accordance with the resident's service plan. (d) At least monthly, or more frequently if required by the resident's service plan, a nursing assessment of the resident must be conducted. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide care and services required for one Resident (#5) of one sampled resident admitted to the facility's extended congregate care (ECC) services for care of a . Findings Included: A medication observation record (MORs) review for Resident #5, conducted on , revealed that Resident #5's MORs had medications that were not documented as given to the resident which included the treatment for the resident's right great . Resident #5 had the treatment medihoney paste to right , and the facility's nursing staff were to apply the medihoney as directed and gentle border Optifoam as directed for the right hallux , and change it every day. This treatment was not documented	AE207		

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AE207	Continued From page 18 as given on , , , through , , , and . The treatment was signed as provided on . There were no times noted for any of the changes to Resident #5's right great . During an interview with the Director of Nursing, conducted on at 02:11pm, the Director of Nursing stated that Resident #5 did not have a to her right . At 02:15pm, the Director of Nursing agreed that Resident #5 was supposed to have a to her right great . At 02:20pm, the Director of Nursing agreed that Resident #5's MORs had medications that were not documented as provided to her which included the treatment for her . During an observation of resident #5's right great with the Director of Nursing, conducted on at 02:15pm, the Director of Nursing removed the sock to Resident #5's right and there was a to her great . There was no covering the . A record review for Resident #5, conducted on , revealed that Resident #5 was admitted to the facility on and into ECC services for the right great on . Resident #5's ECC initial service plan was dated and not signed by a Registered Nurse as required by the facilities ECC service plan document. There was no quarterly assessment of Resident #5's service plan. There were no frequent progress notes related to the healing or deterioration. There were no monthly	AE207		

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AE207	Continued From page 19 assessments performed by the facility's employed or ECC Registered Nurse. Class III	AE207		
{AE208} SS=D	59A-36.021(8) FAC 429.07(3)(b)3, FS ECC - Records 59A-36.021(8) RECORDS. (8) RECORDS. In addition to the records required in rule 59A-36.015, F.A.C., a facility providing extended congregate care services must maintain the following: (a) The service plans for each resident receiving extended congregate care services; (b) The nursing progress notes for each resident receiving nursing services from the facility's staff; (c) Nursing assessments; and, (d) The facility's extended congregate care policies and procedures. 429.07 (3)(b), FS 3. A facility that is licensed to provide extended congregate care services shall maintain a written progress report on each person who receives such nursing services from the facility's staff which describes the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. A registered nurse, or appropriate designee, representing the agency shall visit the facility at least twice a year to monitor residents who are receiving extended congregate care services and to determine if the facility is in compliance with this part, part II of chapter 408, and relevant rules. One of the visits may be in conjunction with the regular survey. The monitoring visits may be provided through contractual arrangements with appropriate	{AE208}		

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{AE208}	Continued From page 20 community agencies. A registered nurse shall serve as part of the team that inspects the facility. The agency may waive one of the required yearly monitoring visits for a facility that has: a. Held an extended congregate care license for at least 24 months; b. No class I or class II violations and no uncorrected class III violations; and c. No ombudsman council complaints that resulted in a citation for licensure. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain extended congregate care (ECC) records as required for one Resident (#5) of one sampled resident admitted to ECC services. Findings Included: An ECC record review for Resident #5, conducted on . . . . . , revealed that Resident #5 was admitted to ECC services on for a , ... to her right great . . . . There was an initial service plan dated that was not signed by the facility's employed or ECC Registered Nurse as required by the document. There was no quarterly assessment of Resident #5's initial service plan by . . . . . , Resident #5's ECC record did not include an assessment of whether Resident #5 met the facility's residency criteria, an appraisal of the resident's unique physical, a , , and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs. Resident #5's ECC record did not include frequent progress notes that	{AE208}		

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{AE208}	Continued From page 21 described the type, amount, duration, scope, and outcome of the ECC services for the , to her right great . Resident #5 was admitted to the facility on . Resident #5's ECC monthly assessments dated and were signed by an illegible signature and was unable to determine who performed the monthly assessments and were incomplete and gave no description or assessment of the , . There was no evidence in Resident #5's record of the , 's healing or deterioration. There was no monthly assessment performed by or . A review of the ECC policy and procedures dated and revised , conducted on , revealed that the facility was to develop a preliminary service plan prior to a resident's admission to ECC services which was to include an evaluation of whether the resident met the facility's residency criteria and an appraisal of the resident's unique physical and needs and preference and needs. Within fourteen days of a resident's admission to ECC services, the facility was to coordinate the development of an initial written service plan. The ECC policy and procedures stated that the facility would update the service plans at least quarterly. The ECC policy and procedures stated that an assessment of the resident would be performed monthly and that all ECC records which included service plans, progress notes, medication observation records specifically for ECC services, and nursing evaluations would be maintained in the ECC binder. During an interview with the Director of Nursing, conducted on at 02:15pm, the Director of Nursing was unable to provide any	{AE208}		

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{AE208}	Continued From page 22 further ECC documents for Resident #5. Class III	{AE208}		
{AN277} SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.	{AN277}		

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{AN277}	Continued From page 23 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to employ or contract with a Registered Nurse (RN) that was available to provide limited nursing services (LNS) as needed by residents. Findings Included: A review of a list of staff, conducted on , revealed that there was no RN employed by the facility. During an attempt to review a contract with a RN, conducted on , revealed that there was no contract in place for a RN. A review of the LNS binder, conducted on , revealed that the LNS RN was a corporate RN that had a multi-State RN license from another State. A review of the LNS policy and procedures dated and revised , conducted on , the LNS policy and procedures stated that qualified staff will be available to meet the scheduled and unscheduled needs of LNS residents. The oversight of staff and residents admitted to LNS by the LNS RN as described in the LNS policy and procedures was too extensive to be met by a RN that resided in another State. A record review for Resident #10, conducted on , revealed that Resident #10 was admitted to the facility on and into the facility's LNS services for management on . Resident #10's records did not include the frequency or the duration of services. There was no authorization from Resident #10's health care provider to admit him into LNS services. There was no frequent progress notes	{AN277}		

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{AN277}	Continued From page 24 related to Resident #10's LNS services maintained in his record. There were no LNS monthly assessment documents to review for the time that Resident #10 was on LNS services. Resident #10 was discharged from LNS services on . A record review for Resident #11, conducted on , revealed that Resident #11 was admitted to the facility on and into the facility's LNS services for a type on Resident #11's records did not include the frequency or the duration of services. There was no authorization from Resident #11's health care provider to admit him into LNS services. There was no frequent progress notes related to Resident #11's LNS services maintained in his record. There were no LNS monthly assessment documents to review for the time that Resident #11 was on LNS services. Resident #11 was discharged from LNS services on . During an interview with the Administrator, conducted on at 02:07pm, the Administrator stated that the corporate RN who resided in another State continued to be the LNS RN for the facility. During an interview with the Director of Nursing, conducted on at 03:30pm, the Director of Nursing agreed that there was no RN employed or for LNS services that came to the facility and performed or was able to perform LNS services as needed. Class III	{AN277}		