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
	AL11967749	A. BUILDING: _____ B. WING _____	05/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ASSISTED LIVING FACILITY	4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712

(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 (complaint #2022003079, 2022001903 and 2022005112) in conjunction with a generator monitoring survey was conducted at Angel Care Assisted Living on . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review, interview, and observation the facility failed to provide supervision and oversight required for each resident to include a general awareness of the resident's safety, and well-being for 62 of 62 residents living in the Assisted Living Facility. Findings included: A record review conducted on of the facility's Smoking Policy titled, Resident, Family and Visitor Smoking Safety and Education and Acknowledgement (no revision date) revealed the following:	A 025		

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A 025	Continued From page 2 State law prohibits smoking in the facility. It is the facility policy that smoking be directly supervised by a staff member. This is to protect both the individual smoking and the entire resident population and staff. The facility has established appropriate smoking areas and smoking times that will not interfere in the care of other residents. Guidelines: 1. Smoking materials should be labeled with the Resident's name and will be maintained in a secure location. Residents may not keep anything combustible in their room. Matches and lighters are available from the staff. 2. Staff member assigned to the smoking areas will monitor the area and distribute cigarette and matches/lighter in addition to conduction of walking rounds to observe and intervene for safety issues and to provide supervision and intervention when appropriate. 3. If the Resident is on , , , staff will assist with removal prior to entering the designated smoking area. Once the smoking session is complete the staff will assist in reapplying the , , , as ordered. 4. Family members or visitors may accompany the Resident to the designated smoking area at the designated times, however assistance should not be provided to other Residents wishing to Smoke. I have read the above policy and have had the opportunity to ask questions. I agree to abide by the facility policy. I understand that failure to abide by this policy could lead to discharge from the facility. (Photographic evidence obtained) A record review conducted on . . . . . of the facilities smoking policy Revealed:	A 025		

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A 025	Continued From page 3 Angel Care Assisted Living is a Non-smoking facility. For the safety of all residents and for environmental reasons there is NO SMOKING inside the building. There will be absolutely NO SMOKING in the resident's room or the porch. Smoking is permitted outside the facility in designated areas only. Please remember, failure to comply with this policy will result in discharge from Angel Care Assisted Living. There is no smoking within the facility. All smoking must take place in the designated smoking areas. This rule is for both residents and staff alike. Non-adherence to this rule can put residency and/or job at risk. (Photographic evidence obtained) On a tour of the facility conducted between 6:30am-10:00am revealed smoking materials were located on the porches of and . . . . . (Photographic evidence obtained) On . . . . . an observation at 10:25am revealed Resident #10 smoking on the porch off his room without staff supervision. On an observation at 12:38pm revealed 16 residents smoking in the North smoking area without staff supervision and in possession of cigarettes and lighters. During an interview conducted on at 7:38am with Resident #1 he stated there are designated smoking areas, but people still smoke on their patios and by the front door, and the smell will be all over the facility. I like to sleep with my patio door open, but I can't because others are smoking on their patios or near the front door. I will sometimes try to open my room door to get some air in my room, but the hall smells of smoke	A 025		

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A 025	Continued From page 4 due to others smoking on their patios and the smell really bothers me. During an interview conducted on at 8:19am with the Assistant Administrator she stated Residents are not allowed to smoke in their rooms or on their patios. I believe it's even in their contract that they can't smoke there. They are supposed to smoke in the designated smoking areas. During an interview conducted on at 8:29am with the Assistant Administrator she stated, if someone complains about their neighbor smoking on the porch or at the front door, we will address it immediately. She also stated, if I personally notice or smell smoke it will be addressed with the resident, and they will be issued a 45-day notice. During an interview conducted on . . . . . at 11:25am, the Administrator confirmed that the staff does not supervise the residents when they are smoking. The Administrator stated, "No, the staff doesn't supervise the residents who smoke." The Administrator confirmed that the residents hold their own smoking materials, and it is not held by the staff. The Administrator stated, "They can hold their own lighter and cigarettes". The Administrator confirmed that the facility is not following its own Smoking Policy. The Administrator stated, "I will revise that" Class III	A 025		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS.	A 152		

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A 152	Continued From page 5 (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations and interview the facility failed to maintain a safe, clean and hazard free	A 152		

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A 152	Continued From page 6 environment. Findings included: A tour of the facility conducted on . . . between 6:30am-10:00am revealed the following observations: 1. South dining room had a dirty air vent, ... bugs inside the ceiling light, and a broken electrical outlet faceplate. 2. the smoke detector was missing, and wires are exposed. 3. the exhaust fan in the bathroom was dirty and the 3-bulb light fixture over the bathroom sink had a bulb that was blown out and a bulb that was missing. 4. Room A the blinds that lead to the porch are broken, the grab bar in the bathroom is not secure, and the wall between the shower and the toilet has water damage. 5. had exposed electrical wires on the porch wall. 6. Debris some of which included carts/headboard/boxes/walkers/wheelchairs was observed on the right side of the building outside the laundry area. 7. An exterior soffit hanging down by the laundry area. 8. had an unsecured , , tank on the porch. 9. The front of the building had a large excavation hole surrounded by caution tape. 10. The shower room near the laundry area had a balled-up pile of linen on the floor next to the toilet. 11. . . . . , . . , and suite D had torn screens on the porches. 12. The foliage in front of the residents' porches was overgrown	A 152		

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A 152	Continued From page 7 13. [redacted] had foliage growing from the cracks on the porch 14. [redacted] had air conditioning units that were not properly secured/sealed on the porches. (Photographic evidence obtained) During an interview conducted on [redacted] at 10:05am, the Administrator confirmed the physical plant issues. The Administrator stated, "We have a part time maintenance man, and we have repairs to do." Class III	A 152		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints;	A 165		

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A 165	Continued From page 8 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional	A 165		

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A 165	Continued From page 9 who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit 15-day Adverse Incident Report to the Agency for Healthcare Administration with one (#2) of one sampled resident. Findings included: A review of the facilities incident reports, conducted on revealed that the facility failed to submit a 15-day Adverse Incident Report after resident #2s elopement on .	A 165		

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A 165	Continued From page 10 An interview with the Administrator, conducted on ..... at 11:50 am, the Administrator agreed that the 15 day-Adverse Incident report was not submitted to the Agency for Healthcare Administration, and agreed that a report should have been completed. Class III	A 165		
A 167 SS=D	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or ␣ of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for	A 167		

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A 167	Continued From page 11	A 167		

terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or , , facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;
(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;
(k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;
(l) The facility's policies and procedures for

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A 167	Continued From page 12 self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5	A 167		

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A 167	Continued From page 13 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967749	A. BUILDING: _____ B. WING _____	05/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE ASSISTED LIVING FACILITY	4301 31ST ST SOUTH SAINT PETERSBURG, FL 33712

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A 167	Continued From page 14 (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to , hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be	A 167		

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 167	Continued From page 15 the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to state in the resident contract that the resident is required to give a 30-day notice of termination from the facility for 1 of 1 sampled resident (Resident #1). Findings included: A record review conducted on of resident #1's Admission Agreement (Revised on) signed on revealed the following: Refund and Termination of Residency: Voluntary termination of residency by a resident and/or responsible party shall require a 45-day written notice to management. (Photographic evidence obtained) During an interview conducted on at 11:23am, the Administrator confirmed that the Admission Agreement was not correct by requiring a resident and/or responsible party to give a 45-day written notice to management. The Administrator stated, "No, that's not correct it should be 30-day." Class III	A 167		

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 181	Continued From page 16	A 181		
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		

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 181	Continued From page 17 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submited an updated Comprehensive Emergency Management Plan (CEMP) for review and approval to the local emergency management agency. Findings included: A review of the facility records on revealed no evidence of a recent submission of a CEMP. The approval on file expired on These findings were confirmed during an interview with the Assistant Administrator on at 8:09 AM. During this interview the Administrator stated," No, I don't have an approval letter because I'm waiting on the fire department to follow up with us. We can't submit the plan without the Fire Marshall/Department approval. " Class III	A 181		