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
	AL11963788	A. BUILDING: _____ B. WING _____	05/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANORAMA LIVING	1030 BALMY BEACH DRIVE APOPKA, FL 32703

(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 AMENDED Tag Z841 Changed to Class III. A re-licensure survey with Limited Nursing Service (LNS) and a generator monitoring were conducted at Panorama Living on . . . . . The facility had deficiencies at the time of the 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,	A 025		

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to follow a health care provider's medication order for 1 of 4 sampled residents who received assistance with medications (#10). Findings: Review of resident #10's record revealed a facility admission date of [redacted]. An 1823 health assessment form, dated [redacted], indicated the resident's diagnoses included [redacted]	A 025		

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A 025	Continued From page 2 ( ), Diastolic and he required assistance with self-administration of medications. The record contained a health care provider's order, dated , for 20,000 units/milliliter every week for secondary to . Review of the resident's and medication observation records (MORs) revealed the was signed as given on , , and . Based on the order, the resident should have received a dose on . On at 2:40 p.m., the administrator confirmed the findings and said she thought the medication was supposed to be given for only four weeks. Class III	A 025		
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident	A 026		

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A 026	Continued From page 3 council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observations, review of the facility's activities calendar, and interviews, the facility failed to provide diversified individual and group activities keeping with each resident's needs, abilities, and interests and failed to consult with the residents in selecting, planning, and scheduling activities for 5 of 7 sampled residents who were interviewed (#1, #2, #4, #5, #6). Findings: On . . . . . at 9:47 a.m., resident #2 said the only activity was church. On at 10 a.m., residents were seen	A 026		

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A 026	Continued From page 4 watching television (TV). On .. .. at 10:02 a.m., resident #1 said the facility did not have activities. On at 10:15 a.m., resident #4 said the only activities were bible study and sometimes bingo. On at 10:37 a.m., resident #5 said the only activities were bible study and watching TV. On .. .. at 10:44 a.m., resident #6 said the only activity was Sunday school. On at 1:30 p.m., visitors were seen in the facility conducting a religion-based event. On .. .. at 2:10 p.m., caregiver A said the activities offered by the facility were religious ones and gardening. On .. .. at 5 p.m., the observations and results of resident interviews regarding activities was discussed with the administrator. When asked by the surveyor what method the facility used to ensure the residents were able to participate in the planning of activities, the administrator said, "we're still working on that". She said she "casually" spoke with the residents about activities but, she did not document the discussions. Class III	A 026		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL.	A 055		

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A 055	Continued From page 5 (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 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	A 055		

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A 055	Continued From page 6 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 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	A 055		

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A 055	Continued From page 7 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 observations, record reviews and interviews, the facility failed to keep centrally stored medications in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times for 1 of 5 sampled residents who received assistance with medications (#7). Findings: Review of resident #7's record revealed a facility admission date of . . . . . An 1823, dated , indicated the resident's diagnoses included . . . . . type 2, ... , and she required assistance with self-administration of medications, was and forgetful. The record contained a health care provider's order, dated , for . . . . . 12% lotion, apply to both twice a day. On at 10:56 a.m., resident #7 was sitting on her bed. Two bottles of . . . . . lotion were seen on top of a table in the room. The resident said the staff applied it to her skin. On . . . . . at 11:37 a.m., caregiver C said the prescribed lotion was left in the resident's room because "it's easier for us while we're there." The caregiver said she applied the lotion to the resident's . . on that morning.	A 055		

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A 055	Continued From page 8 On . . . . . at 5:35 p.m., the administrator accompanied the surveyor to resident #7's room. The resident was not in there and the room door was wide open. The two bottles of lotion remained on top of the table. Class III	A 055		
A 085 SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure the person designated as responsible for the facility's food service and the day-to-day supervision of food service obtained a minimum of 2 hours education annually in topics pertinent to nutrition and food service in an assisted living facility taught by a certified food manager, licensed dietician, registered dietary technician or health department sanitarian (administrator).	A 085		

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A 085	Continued From page 9 Findings: Review of the administrator's personnel record revealed it contained a 2-hour certificate of training, dated . . . . . , on nutrition and food service. The record did not contain documentation to indicate she obtained a minimum of 2 hours education annually thereafter. On . . . . . at 4:30 p.m., the administrator identified herself as the person responsible for the facility's food service and the day-to-day supervision of food service. She said she did not obtain the required 2 hours education this year. Class III	A 085		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible.	A 093		

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A 093	Continued From page 10 (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.	A 093		

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A 093	Continued From page 11 (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [redacted] the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on [redacted]. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has [redacted] with residents to serve, must be on [redacted] at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be	A 093		

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A 093	Continued From page 12 stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observations, review of the facility's menus, and interviews, the facility failed to follow its dated menus, failed to keep 6 months of menus on file, and failed to offer snacks at least once per day to 5 of 7 sampled residents who were interviewed (#1, #2, #3, #4, #6). Findings: Observations made during a tour of the facility on [redacted] at 10 a.m. revealed the resident rooms were not equipped with a kitchen. In addition, the residents were not allowed access to the facility's kitchen. Review of the menu posted in the resident's dining room revealed it was labeled as cycle 1 and that baked fish, rice with beans, and spinach would be served for lunch on that day. On [redacted] at 9:47 a.m., resident #2 said the facility did not offer snacks. On [redacted] at 10:02 a.m., resident #1 said the same thing. On [redacted] at 10:15 a.m., resident #3 said the same thing. On [redacted] at 10:37 a.m., resident #4 said the same thing. On [redacted] at 10:44 a.m., resident #6 said the	A 093		

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A 093	Continued From page 13 same thing. Observations made during lunch on . . . at 12:09 p.m. revealed the residents were served Salisbury steak, salad, and bread. On . . . . . at 2:10 p.m., caregiver A said the snacks available for the residents included pastries, peanut butter & jelly sandwich, and cookies but, the residents had to ask for a snack. Review of the paper that contained the dates for the menus revealed that on . . . . . , cycle 4 menu should have been used for lunch. However, review of the menu that was followed by the cook revealed it was cycle 2. Therefore, both the menu posted in the resident's dining room and the one used by the cook were wrong. On at 4:49 p.m., the cook said she followed cycle 2 because she knew that cycle 1 was used the week prior. When the surveyor showed her the paper that contained the dates of when each menu should be used, she said she'd never reviewed it. On . . . . . at 4:53 p.m., the menu findings were discussed with the administrator, and she confirmed them. On . . . . at 5 p.m., the administrator said snacks were available for the residents but, they had to ask for them. On . . . . at 5:25 p.m., the surveyor made a request to review the facility's menus for the last six months. The administrator provided a paper with menu dates from only and said she could not provide any from 2021 because she threw that , paper away.	A 093		

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	AL11963788	A. BUILDING: _____ B. WING _____	05/16/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PANORAMA LIVING	1030 BALMY BEACH DRIVE APOPKA, FL 32703

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A 093	Continued From page 14 Class III	A 093		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which	CZ830		

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CZ830	Continued From page 15 approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating	CZ830		

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CZ830	Continued From page 16 compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on review of the facility's comprehensive emergency management plan (CEMP) and interview, the facility failed to submit its plan annually to its local emergency management agency. Findings: Review of the facility's CEMP approval letter from the local emergency management agency revealed the plan was approved on . . . . and was approved through . On at 4:05 p.m., the administrator said the facility did not submit its plan in both 2020 and 2021. She provided an email correspondence, dated . . . . , that indicated the plan was submitted this year. Unclassified	CZ830		
CZ841 SS=D	408.823( ) FS In-person Visitation (1) This section applies to , ... centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the	CZ841		

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CZ841	Continued From page 17 licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:	CZ841		

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CZ841	Continued From page 18 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on review of the facility's visitation policy	CZ841		

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CZ841	Continued From page 19 and procedures and interview, the facility failed to ensure its policy contained all of the minimum requirements. Findings: Review of the facility's undated visitation policy revealed it did not contain control and education policies for visitors; personal protective equipment, and other control protocols for visitors; permissible length of visits and designation of a person responsible for ensuring that staff adhere to the policies and procedures. It also did not indicate the allowance of in-person visitation in all of the following circumstances: 1. End-of-life situations. 2. A resident who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support. 3. The resident is making one or more major medical decisions. 4. A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently . . . 5. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident who used to talk and interact with others is seldom speaking. On at 11:58 a.m., the administrator confirmed the findings. Class III	CZ841		

Agency for Health Care Administration

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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 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;	A 055		

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A 055	Continued From page 1 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 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	A 055		

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A 055	Continued From page 2 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 observations, record reviews and interviews, the facility failed to keep centrally stored medications in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times for 1 of 5 sampled residents who received assistance with medications (#7). Findings: Review of resident #7's record revealed a facility admission date of [redacted]. An 1823, dated [redacted], indicated the resident's diagnoses included [redacted] type 2, [redacted], and she required assistance with self-administration of medications, was [redacted] and forgetful. The record contained a health care provider's order, dated [redacted], for [redacted] 12% lotion, apply to both [redacted] twice a day. On [redacted] at 10:56 a.m., resident #7 was sitting on her bed. Two bottles of [redacted] lotion were seen on top of a table in the room. The resident said the staff applied it to her skin. On [redacted] at 11:37 a.m., caregiver C said the prescribed lotion was left in the resident's room because "it's easier for us while we're there." The caregiver said she applied the lotion to the	A 055		

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A 055	Continued From page 3 resident's [redacted] on that morning. On [redacted] at 5:35 p.m., the administrator accompanied the surveyor to resident #7's room. The resident was not in there and the room door was wide open. The two bottles of lotion remained on top of the table. Class III	A 055		
A 085 SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure the person designated as responsible for the facility's food service and the day-to-day supervision of food service obtained a minimum of 2 hours education annually in topics pertinent to nutrition and food service in an assisted living facility taught by a certified food manager, licensed dietician, registered dietary technician or health department	A 085		

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A 085	Continued From page 4 sanitarian (administrator). Findings: Review of the administrator's personnel record revealed it contained a 2-hour certificate of training, dated . . . . . , on nutrition and food service. The record did not contain documentation to indicate she obtained a minimum of 2 hours education annually thereafter. On . . . . . at 4:30 p.m., the administrator identified herself as the person responsible for the facility's food service and the day-to-day supervision of food service. She said she did not obtain the required 2 hours education this year. Class III	A 085		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTable	A 093		

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A 093	Continued From page 5 s%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when	A 093		

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A 093	Continued From page 6 the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on [illegible]. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has [illegible] with residents to serve, must be on [illegible] at all times. The quantity must be based on	A 093		

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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 093	Continued From page 7 the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observations, review of the facility's menus, and interviews, the facility failed to follow its dated menus, failed to keep 6 months of menus on file, and failed to offer snacks at least once per day to 5 of 7 sampled residents who were interviewed (#1, #2, #3, #4, #6). Findings: Observations made during a tour of the facility on .. .. at 10 a.m. revealed the resident rooms were not equipped with a kitchen. In addition, the residents were not allowed access to the facility's kitchen. Review of the menu posted in the resident's dining room revealed it was labeled as cycle 1 and that baked fish, rice with , beans, and spinach would be served for lunch on that day. On at 9:47 a.m., resident #2 said the facility did not offer snacks. On .. .. at 10:02 a.m., resident #1 said the same thing. On at 10:15 a.m., resident #3 said the same thing. On at 10:37 a.m., resident #4 said the same thing.	A 093		

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	AL11963788	A. BUILDING: _____ B. WING _____	05/16/2022

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A 093	Continued From page 8 On at 10:44 a.m., resident #6 said the same thing. Observations made during lunch on at 12:09 p.m. revealed the residents were served Salisbury steak, salad, and bread. On at 2:10 p.m., caregiver A said the snacks available for the residents included pastries, peanut butter & jelly sandwich, and cookies but, the residents had to ask for a snack. Review of the paper that contained the dates for the menus revealed that on , cycle 4 menu should have been used for lunch. However, review of the menu that was followed by the cook revealed it was cycle 2. Therefore, both the menu posted in the resident's dining room and the one used by the cook were wrong. On at 4:49 p.m., the cook said she followed cycle 2 because she knew that cycle 1 was used the week prior. When the surveyor showed her the paper that contained the dates of when each menu should be used, she said she'd never reviewed it. On at 4:53 p.m., the menu findings were discussed with the administrator, and she confirmed them. On at 5 p.m., the administrator said snacks were available for the residents but, they had to ask for them. On at 5:25 p.m., the surveyor made a request to review the facility's menus for the last six months. The administrator provided a paper with menu dates from only and said she	A 093		

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A 093	Continued From page 9 could not provide any from 2021 because she threw that , paper away. Class III	A 093		
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In	CZ830		

Agency for Health Care Administration

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CZ830	Continued From page 10	CZ830		

addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a

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CZ830	Continued From page 11 renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on review of the facility's comprehensive emergency management plan (CEMP) and interview, the facility failed to submit its plan annually to its local emergency management agency. Findings: Review of the facility's CEMP approval letter from the local emergency management agency revealed the plan was approved on . . . . . and was approved through . On at 4:05 p.m., the administrator said the facility did not submit its plan in both 2020 and 2021. She provided an email correspondence, dated . . . . ., that indicated the plan was submitted this year. Unclassified	CZ830		
CZ841	408.823( ) FS In-person Visitation (1) This section applies to , ... centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter	CZ841		

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CZ841	Continued From page 12 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the [illegible] licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include [illegible] control and education policies for visitors; screening, personal protective equipment, and other [illegible] control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any [illegible] or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person	CZ841		

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CZ841	Continued From page 13 visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites.	CZ841		

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CZ841	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on review of the facility's visitation policy and procedures and interview, the facility failed to ensure its policy contained all of the minimum requirements. Findings: Review of the facility's undated visitation policy revealed it did not contain [redacted] control and education policies for visitors; personal protective equipment, and other [redacted] control protocols for visitors; permissible length of visits and designation of a person responsible for ensuring that staff adhere to the policies and procedures. It also did not indicate the allowance of in-person visitation in all of the following circumstances: 1. End-of-life situations. 2. A resident who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support. 3. The resident is making one or more major medical decisions. 4. A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently [redacted]. 5. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident who used to talk and interact with others is seldom speaking. On [redacted] at 11:58 a.m., the administrator confirmed the findings. Unclassified	CZ841		

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A 000	Continued From page 15	A 000		
A 000	Initial Comments A re-licensure survey with Limited Nursing Service (LNS) and a generator monitoring were conducted at Panorama Living on . The facility had deficiencies at the time of the 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 025		

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A 025	Continued From page 16 (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to follow a health care provider's medication order for 1 of 4 sampled residents who received assistance with medications (#10). Findings: Review of resident #10's record revealed a facility admission date of . An 1823 health assessment form, dated , indicated the resident's diagnoses included ,	A 025		

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A 025	Continued From page 17 . . . . . (.), Diastolic . . . . . and he required assistance with self-administration of medications. The record contained a health care provider's order, dated , for 20,000 units/milliliter . . . . . , every week for secondary to . . Review of the resident's , and , medication observation records (MORs) revealed the was signed as given on , , . ., and . . . . . Based on the order, the resident should have received a dose on . On at 2:40 p.m., the administrator confirmed the findings and said she thought the medication was supposed to be given for only four weeks. Class III	A 025		
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group	A 026		

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A 026	Continued From page 18 discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observations, review of the facility's activities calendar, and interviews, the facility failed to provide diversified individual and group activities keeping with each resident's needs, abilities, and interests and failed to consult with the residents in selecting, planning, and scheduling activities for 5 of 7 sampled residents who were interviewed (#1, #2, #4, #5, #6). Findings: On at 9:47 a.m., resident #2 said the only activity was church. On at 10 a.m., residents were seen watching television (TV).	A 026		

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A 026	Continued From page 19 On at 10:02 a.m., resident #1 said the facility did not have activities. On at 10:15 a.m., resident #4 said the only activities were bible study and sometimes bingo. On at 10:37 a.m., resident #5 said the only activities were bible study and watching TV. On at 10:44 a.m., resident #6 said the only activity was Sunday school. On at 1:30 p.m., visitors were seen in the facility conducting a religion-based event. On at 2:10 p.m., caregiver A said the activities offered by the facility were religious ones and gardening. On at 5 p.m., the observations and results of resident interviews regarding activities was discussed with the administrator. When asked by the surveyor what method the facility used to ensure the residents were able to participate in the planning of activities, the administrator said, "we're still working on that". She said she "casually" spoke with the residents about activities but, she did not document the discussions. Class III	A 026		