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
	AL11969444	A. BUILDING: _____ B. WING _____	07/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA AT PARKSQUARE (THE)	2940 NE 207 STREET AVENTURA, FL 33180

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain an updated employee roster within the background screening clearinghouse database for one out of twenty-eight sampled staff (Staff D). Findings included:	CZ814		

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CZ814	Continued From page 1 On at 12:34 AM, observation showed Staff D working on the memory care unity alone caring for 18 residents. On at 5:43 AM, during an interview with Staff D, she stated that she had been working in the facility for about 3 months. She further stated that on the previous night she worked on the second floor and would get off duty at 6:00 AM. A review of the background screening clearinghouse database showed Staff D was not listed on the facility's employee roster. On at 10:52 AM, the Administrator stated, "We pulled her stuff, she should be on the roster." Unclassified	CZ814		
CZ815 SS=L	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.	CZ815		

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CZ815	Continued From page 2 (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ... with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ... with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ... must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an ... awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of	CZ815		

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CZ815	Continued From page 3 another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a [redacted] adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged	CZ815		

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CZ815	Continued From page 4 bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency	CZ815		

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CZ815	Continued From page 5	CZ815		

may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.

(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2).

(8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.

435.06 Exclusion from employment.-
(1) If an employer or agency has reasonable

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CZ815	Continued From page 6 cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position	CZ815		

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CZ815	Continued From page 7	CZ815		

for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter.

435.02 Definitions.-For the purposes of this chapter, the term:
(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to ensure that all the staff had an eligible level II background screening

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CZ815	Continued From page 8 for one out of 28 sampled staff (Staff C). The staff was observed roughly handling a resident with [redacted] who subsequently incurred injures. The staff was repeatedly scheduled to work on the memory care unit where several residents were housed. The staff was not removed from duty for several days after the facility was aware of the reported behavior. Findings include: 1) Review of the Background Screening Clearinghouse roster revealed Staff C's (caregiver) level II background screening determination required a new screening and furthermore the database showed Staff C's [redacted] were expired. Observation on [redacted] at 9:34AM revealed Staff C working on the memory care unit with 15 residents. During an interview on [redacted] at 9:34 AM Staff C stated "I have been working at the facility for 1 year. I work everywhere in the facility but have been working on the memory care unit for 3 months. I was placed on this unit on the third floor because I have a [redacted] and ankle problem, so it was hard to walk up and down." Review of the staffing schedule for [redacted] revealed Staff C was scheduled to work on the memory care unity from 6AM to 2:30PM. Review of the staffing schedule for [redacted] revealed Staff C was scheduled to work on the memory care unit from 2PM-10:30PM Review of the staffing schedule for [redacted] revealed Staff C was scheduled to work on the	CZ815		

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CZ815	Continued From page 9 memory care unit from 6AM to 2:30PM. Review of the staffing schedule for revealed Staff C was scheduled to work from 6AM to 2:30PM. Observation on at 9:35AM revealed Staff C on duty coming out of a resident's room wearing scrubs. Review of the staffing schedule for revealed Staff C was scheduled to work from 6AM to 2:30PM. 2) Review of the disciplinary action form completed on revealed Staff C had a resident confrontation. The form documented "Reported by [resident's] family that resident's room beds were not made up, trash not taken out. Employee used harsh words in verbal altercation with resident and was asked to leave by manager on duty." Review of the disciplinary action form completed on revealed Staff C was "found by manager to be resting in show room during a tour. Went after shift lead of floor for supposedly reporting." Further review of Staff C's record revealed no identified disciplinary action taken against the staff member. 3) Review of the staff log completed on completed by Staff U documented "Resident was found this morning from overnight with multiple on her left , left , and right ."	CZ815		

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CZ815	Continued From page 10 Review of photographic evidence taken on , (See attached) revealed Resident #1 had on the (black) and During an interview on at 1:55PM, Resident #1's family member stated "I was not informed about the black , though my husband stated he had a photo of a different black . There is a lack of transparency at the building." During an interview on at 2:32PM, Resident #1's family member stated "My mother had some black in the past. She and hit her while [Staff C] was present. My mother is pretty feisty and lashed out and hit the staff, so maybe they hit her . I haven't received any calls from the facility since my mom was moved to memory care." During an interview on at 7:08PM, Staff AA (caregiver) stated "I heard about Resident #1's , I worked Friday morning. [Staff C] and [Staff U] (caregiver) worked that morning at 6:00AM. I came in from my other job at 7:00AM. [Staff C] showed me the black . When I came in, they had her facing the window. I cleaned up Resident #1's room because she crapped on the bed and floor. [Staff C] told me that she wanted to show me what happened last night. [Staff U] took the pictures and told the Administrator and Director of Resident Care." 4) Review of the staff log completed on by Staff U regarding Resident #2 documented "Had an incident on Friday where she was . Nobody reported it on Friday or did an incident report. I didn't find out until today when her was again. I notified [The	CZ815		

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CZ815	Continued From page 11 Administrator], report done today Monday." During an interview on at 9:34 AM Staff C stated "[Resident #2] requires two staff to handle her. She throws furniture or spits at staff." During an interview on at 6:25AM, Staff L (caregiver) stated "I was there the day of this incident. I asked [Staff C] to help me, we were going to bathe her (Resident #2). When she is agitated, I just leave her alone or I try to encourage her to shower by telling her that her family will be coming to visit. She got up walking, holding the walker. We were going to shower her but she didn't want to go in the shower. [Staff C] tried to pull her up, grabbed her and held too tight on the arm. That will leave on them. Their skin is so delicate you can't grab them like that, you have to hold them under their arms. [Staff C] was dragging her to pull her up and get her into the shower. This is how she got the on her . This was a few months ago in or . [Staff U] documented it in the book. No one ever asked me what happened, I wasn't interviewed by the Administrator or the Director of Resident Care. The nurse just came down, cleaned up and put tape over Resident #2's ." During an interview on at 12:15PM, the Director of Resident Care stated that "no one told me [Resident #2] had been dragged anywhere. No one knew what happened. They asked me to bandage the . I asked the resident what happened. Staff said the resident had a . The doctor and family were called." Review of Resident #2's record, family incident reports, and the adverse incident report database found no documentation of the incident.	CZ815		

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CZ815	Continued From page 12 During an interview on at 1:55PM, Resident #1's family member stated regarding Staff C "She is a very aggressive woman." During an interview on at 10:52AM, the Administrator stated regarding Staff C's expired "We have an email ticker from the background screening clearinghouse that lets us know that it's expired. The Director of Administration would know about that." During an interview on at 10:53AM, the Administrator stated "after interviewing the CNAs that were a part of [Resident #1] or [Resident #2's] incident, it showed they had an accident, or they , and we assisted them up. We did not think anything happened that classified as . You all have an allegation from someone that wasn't privy to the incident, no one reported it from months ago." A review of facility records found no documentation of the Administrator's investigation of the incident. There was no documented intervention or plans to prevent reoccurrence of the incidents. A review of facility policies and procedures regarding staff background screening found that no documentation was provided. Class I	CZ815		

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A 076 SS=G	59A-36.009 FAC (. . .) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to . . . . . (. . .). An assisted living facility may not require execution of a . . . as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- . . . , "Health Care Advance Directives - The Patient's Right to Decide," , . . . , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- . . . . is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida . . . . Form, ... , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the	A 076		

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	AL11969444	A. BUILDING: _____ B. WING _____	07/12/2022

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A 076	Continued From page 1 assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , staff trained in , , ( ) or a health care provider present in the facility, may withhold (, , and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to honor resident advance directives of an executed Do Not Order ( ) for one of 118 (Resident # 117) sampled residents. Staff performed , ( ) on a resident that had a properly executed on file. Findings Included:	A 076		

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A 076	Continued From page 2 Review of the facility admission and discharge log showed on Resident #117 discharge was in facility. On at 12:11 PM, during an telephone interview, the Administrator stated on Resident #117 was found unresponsive. She stated, "my staff called me, it was the afternoon shift. The resident was unresponsive. 911 was called and conducted me to do and . I did . The Administrator was asked did the resident have advance directives, such as in place? She stated, "No the resident did not have a , I know for a fact she did not have a and if she did it is new, because the family was considering hospice care." Review of Resident #117 record found there were four yellow copies of a properly executed form dated in file. Further review of the record found no documentation the resident or family representative waived the . Class II	A 076		
A 077 SS=I	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120	A 077		

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A 077	Continued From page 3 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after	A 077		

Agency for Health Care Administration

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A 077	Continued From page 4 becoming employed as a facility administrator. Administrators who attended core training prior to [redacted], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [redacted] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile [redacted] of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.	A 077		

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A 077	Continued From page 5 (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that it was under the supervision of a qualified Administrator for more than 120 consecutive days. The Administrator, who was certified prior to the CORE training and certification examination were required, failed to maintain continuing education requirements. The administrator also failed to prevent and neglect to three out of 118 residents living in the facility (#1, 2, and 3). The administrator failed to ensure that five out of 28 (A, B, D, P, and Z) sampled staff received required training.	A 077		

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A 077	Continued From page 6 Findings Included: 1) A review of the facility's roster on the Background Screening Clearing House database showed that the Administrator was hired on 11/08/21. A review of the Administrator's records showed a hire date of [redacted] and a CORE training certificate dated [redacted]. Further review showed no documentation that the Administrator had taken the CORE competency test, such as a CORE identification card. The Administrator will be required to retake the CORE and pass the test. On [redacted] at 3:04 AM the Administrator stated. "I do not know what happened with all my trainings, and the trainings of the other staff, I know we all have them. If you give me 12/hours, I will produce all the necessary documentation to you." Review of Resident #1 health assessment completed on [redacted] showed diagnoses of [redacted], Activities of daily living: Needs assistance with ambulation, bathing, self-care (grooming), toileting, needs supervision with eating, and transferring, Needs assistance with self-administration of medication. Review of photographic evidence regarding Resident #1 showed that she was found to have a black [redacted] on an undermined date. There was no documentation of the injury in the resident record, however staff provided pictures they took of the resident with their personal telephones. According to Staff U (CNA/med tech) the photo was dated [redacted] The administrator denied that the resident was abused. The staff	A 077		

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A 077	Continued From page 7 also provided photographic evidence of [illegible] on the resident's [illegible]. The resident received no medical care. The resident also had two documented [illegible] injuries when her wheelchair allegedly [illegible] backwards, and she struck her on the floor. There was no documented medical care. Review of an internal incident log regarding Resident #2 showed that she had been dragged across the floor by Staff C (caregiver). There was no documentation of the incident in the resident's record. According to a note in the staff log, the incident happened on or around [illegible], 2022. Review of Resident #2's health assessment completed on [illegible], Diagnoses: [illegible], Behavioral status: Mild [illegible], Activities of daily living: independent with ambulation, eating, toileting, and transferring, needs supervision with bathing, [illegible], and self-care (grooming). On [illegible] at 6:25 AM Staff L (caregiver) stated that she was present during the incident. She stated that Resident #2, who was difficult to deal with due to her [illegible] of [illegible], was refusing to go to the shower. Staff L tried to encourage the resident to shower by telling her that her family was coming to visit, however Staff C became impatient, grabbed Resident #2 by her left arm (she later stated that this left a [illegible]), and the resident [illegible] to the floor since she had been holding on to a broken assistive device (walker). Staff L stated that Staff C then dragged Resident #2 to the shower. Resident #2's [illegible] or [illegible] became bloody from the [illegible] (being dragged across the carpet). According to Staff L, the Wellness Director bandaged the residents' [illegible]. Staff L stated	A 077		

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A 077	Continued From page 8 that she was not interviewed by organization management about the incident. A review of an internal facility report showed that Resident #3 was found to have [redacted] on her arms and [redacted]. There was no documentation of the incident in the resident record, and there was no documentation of an investigation into the incident, or any medical care provided to the resident. Review of Resident #3's health assessment completed on [redacted], Diagnoses: [redacted], Behavioral status: [redacted], The resident needed total assistance in all activities of daily living, except Eating, with which she needed assistance. On [redacted] and [redacted], the Administrator stated that her investigation of these incidents was documented on the internal incident report. A review of these documents found no investigation. On [redacted] at 10:53 AM during an interview, the Administrator stated, "After our investigation we did not classify it as an [redacted], so that's why we did not file to your agency neither to other states agencies." 3) Personnel record review showed The Administrator was hired on [redacted] and took the role of Administrator later that month. There was no documentation of continuing education for Assisted Living Facility Administrators. Personnel record review showed Staff B (DON) hired on [redacted], and Staff D hired on [redacted], no documentation was found for [redacted] control, Adverse Incidents, Resident's rights, [redacted] and neglected, resident behavior and needs assistance with ADL's, Understanding Elopements policy and procedures.	A 077		

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A 077	Continued From page 9 A review of personnel records showed records for Staff P, hire date . . . . . and Staff Z, hire contained no documentation of Elopement response training. Class II	A 077		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . . . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a	A 078		

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A 078	Continued From page 10 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that one out twenty-eight sampled	A 078		

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A 078	Continued From page 11 staff were able to perform their assigned duties consistent with their level of education, training, preparation, and experience (Staff N). Findings included: On . . . . . at 11:35 PM, during an interview with Staff N (direct caretaker) when she was asked what an elopement drill was, she stated, "I do not know what that is. I just know that I have taken so many trainings and I think that is one of them." Review of Staff N's personnel file showed that she completed 1 hour training on Elopement Policy and Procedure on . . . . Review of facility records showed an elopement drill was conducted on . . . . . in which Staff N participated. Class III	A 078		
A 079 SS=I	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416	A 079		

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A 079	Continued From page 12 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . .	A 079		

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A 079	Continued From page 13 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct	A 079		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA AT PARKSQUARE (THE)	2940 NE 207 STREET AVENTURA, FL 33180

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A 079	Continued From page 14	A 079		

care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.
(e) Facilities that are co-located with a nursing

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A 079	Continued From page 15 home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that enough qualified staff were available to provide resident supervision and to provide or arrange for resident care in accordance with residents scheduled and unscheduled service needs. A total of two hundred and fifty-nine calls were left unanswered for 30 minutes of more within a period of 23 days. Of those 259 unanswered call lights, 55 residents used the call light pendant to call for assistant. 35 of those residents (Residents #58, #102, #113, #79, #63, #20, #68, #51, #64, #100, #111, #80, #72 & #73, #24, #76, #86, #96, #28 & #29, #116, #83, #18 & #19, #43, #56, #54, #41, #107, #112, #78, #27, #50, #97, and #45) who at least once used the call lights suffered related or required assistance with activities of daily living. During at least 3 visits to the facility, 6 or less staff were observed caring for at least 107 residents. Findings included: 1. Unanswered call lights. Review of facility's communication log showed on during a "Resident Council Minutes", it noted that one resident raised the concern that call lights were not answered by	A 079		

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A 079	Continued From page 16 stating, "I rang pendant 4 times. Nobody came to check." A review of the call lights reflecting the response by staff to resident calls for assistance by the residents utilizing the resident's individual call pendant showed from [redacted] through [redacted], , two hundred fifty-nine (259) of these residents' calls for assistance were left unanswered by Respondent's staff for a period in excess of thirty (30) minutes each. Review of 38 out of the 55 residents' record who used the call light pendent requesting for assistance more than two times showed those residents either diagnosed with related problems or require assistance with their activities of daily living: Resident #58 - 17 calls ranged from 30 minutes (mins) to over 2 hours (hr): [redacted] (2 calls) lasted 38mins 2 seconds (s), and 48 mins 55s; [redacted] (2 calls) lasted 33 mins 8s, and 33 mins 39s; [redacted] lasted 53 S; [redacted] lasted 30mins 42s; [redacted] lasted 31mins 22s ; [redacted] lasted 35s; [redacted] lasted 33mins 31s; [redacted] lasted 6s; (3 calls) lasted 53s, 1hr 1min 14s, 32 mins 31s, and . Review of Resident #58's health assessment dated [redacted] showed medical history and diagnoses of ASHD (atherosclerotic [redacted]), Hx (history) of [redacted], Corel [redacted], [redacted], Moriba [redacted], [redacted], Elevated [redacted]-specific [redacted], and [redacted].	A 079		

Agency for Health Care Administration

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A 079	Continued From page 17	A 079		

Resident #102 - 16 calls ranged from 45 minutes to 5 hours: lasted 16s; lasted 16s; lasted 47mins 31s; lasted 57s; lasted 29s; (2 calls) lasted 6s, and 50s; lasted 36s; lasted 49s; lasted 58mins 10s; lasted 45mins 1s; lasted ; lasted 58mins 4s; (2 calls) lasted 20s, and 23s; lasted 23s.

Review of Resident #102's health Assessment dated showed medical history and diagnosis of ; the resident needs supervision with ambulation, bathing, and transferring. The resident needs assistance with self-administration of medications.

Resident #113 - 9 calls ranged from 32 minutes to over 1 hour: lasted 33mins 19s; lasted 57mins 4s; lasted 37s; lasted 30s; lasted 32mins 35s; lasted 42mins 53s; lasted 4s; (2 calls) lasted 42mins 13s, and 48mins 4s.

Review of Resident #113's health assessment completed showed medical history and diagnoses of , , , , ( ). Resident #113 required supervision with ambulation, , and transferring, and needs assistance with bathing and with self-administration of medication.

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A 079	Continued From page 18 Resident #79 - 3 calls ranged from 31 minutes to over 2 hours: lasted 34mins 20s; (2 calls) lasted 31mins 54s, and 7s. Review of Resident #79's health assessment dated showed medical history and diagnoses of c/p exhalation; the resident needs assistance with ambulation, Bathing, toileting and transferring; the resident also needs assistance with self-administration of medication. Resident #63 - 6 calls ranged from 36 minutes to over 31 hours: lasted 16s; lasted 36mins 9s; lasted 16s; lasted 18s; lasted 1hr 2mins; lasted 56s. Review of Resident #63's health Assessment dated showed medical history and diagnoses of 's , , illegible words; the resident needs supervision with , eating, and grooming, and needs assistance with bathing; the resident also needs assistance with self-administration and administrative Resident #20 - 2 calls: lasted 52s; lasted 22s. Review of Resident #20's health assessment completed on showed medical history and diagnoses of 91 degree left , fixation, two degree to non-displaced , denied tall, HX of ( ), ( ), ( ), (Prostatic Hyperplasia); the resident	A 079		

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A 079	Continued From page 19	A 079		

had physical limitations of decreased ability to transfer, ambulate short distances; the resident needs supervision with eating and grooming, Assistance with ambulation, bathing, toileting, and transferring; the resident also needs assistance with self-administration of medication.

Resident #68 - 23 calls ranged from 33 minutes to over 10 hours: (2 calls) lasted 26s, and 4s; (2 calls) lasted 38mins 53s, and 37mins 50s; (2 calls) lasted 42mins 48s, and 28s; (5 calls) lasted 47 mins 15s, 03hr 1min 51s, 33mins 16s, 2hr 9mins 33s, and 36mins 34s; (3 calls) lasted 33mins 16s, 58 mins 11s, and 33mins 29s; (4 calls) lasted 40s, 46s, and 32mins 24s; lasted 51mins 18s; lasted 39mins 27s; lasted 34 mins 23s; 39mins 53s; lasted 49s.

Review of Resident #68's health Assessment dated showed medical history and diagnoses of ( ); the resident needed assistance with all activities of daily living including ambulation, bathing, eating, grooming, toileting, and transferring; resident was in regular diet; resident needed assistance with self-administration of medications.

Resident #51 - 32 calls ranged from 30 minutes to over 5 hours: lasted 42s; lasted 3hr 8mins 24s; (5 calls) lasted 18s, 1hr 7s, 47s, 58s, and 30mins 32s; (2 calls) lasted 4hr 6mins 21s, and 31mins 18s; (6 calls) lasted 5hr

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A 079	Continued From page 20 37mins 17s, 1hr 2mins 49s, 54mins 30s, 47s, 40mins 38s, and 42mins 58s; (3 calls) lasted 50s, 41s, and 54mins 16s; lasted 49mins 01s; (2 calls) lasted , and 39mins 44s; (2 calls) lasted 41s, and 51s; lasted 22s; lasted 50s; (2 calls) lasted 18s, and 2hr i8mins 54s; lasted 32s; lasted 25s; lasted 35mins 54s; (2 calls) 1hr 4mins 43s, and 56s. Review of Resident #51's health assessment dated showed medical history and diagnosis of 's and well control ; the resident required supervision with ambulation; the resident needs assistance with self-administration of medications. Resident #64 - 9 calls ranged from 32 minutes to 9 hours: lasted 37mins 51s; lasted 1hr 6mins 54s; lasted 54mins 57s; lasted 46mins 44s; lasted 32mins 14s; lasted 57s; lasted 33s; lasted 40mins 4s; lasted 36s. Review of Resident #64's health assessment dated showed the resident had medical history and diagnoses of , , limitation on and , ; the resident needs supervision with all the activities of daily living (ADLs) such as ambulation, bathing, , eating, grooming, toileting, and transferring; the resident needes medications administration	A 079		

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A 079	Continued From page 21 Resident #100 - 2 calls: lasted 40s, and lasted 2hr 5mins 34s. Review of Resident #100's health assessment completed on showed medical history and diagnosis of , Gait Abnormality, , ASHD; activities of daily living showed the resident needs supervision with ambulation, eating, toileting and transferring; the resident needs assistance needed with bathing, , and self-care; the section for needs assistance with self-administration of medication and needs medication administration was left blank. Resident #111 - 2 calls: lasted 31mins 25s, and lasted 44mins 27s. Review of Resident #111's undated health assessment showed medical history and diagnosis of , recurrent , , , history of , recent . Activities of daily living showed the resident needs assistance with ambulation, bathing, and transferring. Missing page for self-administration of medication or medication administration. Resident #80 - 5 calls ranged from 35 minutes to over 1 hour: lasted 56mins 29s; lasted 45mins 27s; lasted 35mins 50s; lasted 22s; lasted 38mins 57s. Review of Resident #80's health assessment dated showed medical history and diagnoses of , , , Dyslipidemia, ( ), with formation, Sjogren's ; the resident needs supervision with ambulation, bathing, , toileting, and transferring; the	A 079		

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A 079	Continued From page 22 resident needs assistance with self-administration of medication. Residents #72 and #73 - 2 calls: lasted 35mins 49s, and [illegible] lasted 44mins 15s. Review of Resident #72's health Assessment dated [illegible] showed medical history and diagnoses of [illegible] right [illegible] (plus other observation of [the doctor], [illegible], [illegible] injection; resident needs assistance with all activities of daily living including ambulation, bathing, [illegible], eating, grooming, toileting, and transferring. Review of Resident #73's health assessment dated [illegible] showed no medical history and diagnoses for the resident; the resident needs assistance with all Activities of daily living including ambulation, [illegible], bathing, eating, grooming, toileting, and transferring; the resident also needs assistance with self-administration of medication. Resident #24 - 23 calls ranged from 33 minutes to 9 hours: [illegible] lasted [illegible] 11s; (5 calls) lasted [illegible] 5s, 40mins 30s, 34 mins 12s, 42mins 35s, and [illegible] 37s; [illegible] lasted 35mins 59s; [illegible] (2 calls) lasted [illegible] 19s, 35mins 52s; (2 calls) lasted 1hr 5mins 17s, and 44mins 9s; [illegible] lasted [illegible] 31s; (2 calls) lasted 31mins 32s, and [illegible] 3s; [illegible] lasted [illegible] 29s; [illegible] (2 calls) lasted 37mins 4s, and [illegible] 58s; [illegible] lasted 1hr 4mins; [illegible] lasted 46mins 53s; [illegible] lasted 40mins 50s; [illegible] lasted 35mins 49s; [illegible] 227 lasted 4s; [illegible] lasted 33mins 21s.	A 079		

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A 079	Continued From page 23 Review of Resident #24's health assessment completed on showed medical history and diagnoses of , history of ; the resident has physical limitations of poor balance, with exertion; the resident needs supervision with ambulation, assistance with bathing, , and grooming; the resident also needs assistance with self-administration of medication. Resident #76 - 2 calls: lasted 38s, and lasted 41s. Review of Resident #76's health Assessment dated showed medical history and diagnoses of , ( ), HLD ( ), ( ); ; the resident needs assistance with all activities of daily living including ambulation, bathing, , eating, grooming, toileting, and transferring; the resident also needs assistance with self-administration of medications. Resident #86 - 8 calls ranged from 38 minutes to over 14 hours: (2 calls) lasted 38mins 52s, and 45 mins 02s; lasted 45s; lasted 48s; lasted 30s; lasted 11s; lasted 38s; lasted 5s. Review of Resident #86's health assessment dated showed medical history and diagnoses of ( ), Hypolipidemia ( ), and ; the resident needs assistance with ambulation, and eating, total with bathing, , self-care (grooming),	A 079		

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A 079	Continued From page 24 toileting and transferring; the resident also needs assistance with self-administration of medication. Resident #96 - 3 calls: (2 calls) lasted 38mins 12s, 55mins 17s; [illegible] lasted 43s. No health assessment was found in the resident record. Residents #28 and #29 - 9 calls ranged from 30 minutes to over 1 hour: [illegible] lasted 9s; lasted 1hr 5mins 35s; [illegible] lasted 43mins 29s; [illegible] lasted 37mins 52s; (2 calls) lasted 33mins 43s, and 32mins 32s; [illegible] (3 calls) lasted 30mins 02s, 38 mins 36s, and 37mins 14s. Review of Resident #28's health assessment completed on showed medical history and diagnoses of mild [illegible], mild [illegible], hx of left [illegible], hx of low-grade lymphoma, and [illegible]; the resident needs supervision with ambulation, grooming, toileting, and needs assistance with bathing, [illegible], and transferring; the resident also needs assistance with self-administration of medication. Review of Resident #29's health assessment completed on showed medical history and diagnoses of Left [illegible], and ; the resident needs supervision with [illegible], self-care (grooming), and toileting, and needs assistance with ambulation, bathing, and transferring; the resident also needs assistance with self-administration of medication. Resident #116 - 5 calls ranged from 34 minutes to over 1 hour: [illegible] lasted 27s; (2 calls) lasted 34mins 27s, and 1hr	A 079		

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A 079	Continued From page 25 9mins 45s; . . . . . (2 calls) lasted 45mins 10s, and 1hr 2mins 31s. Resident had no health assessment available to review. Resident #83 - 3 calls: lasted . . 21s; . . . . . lasted . . . . 44s; . . lasted 57 mins 8s. Review of Resident #83's health assessment dated showed medical history and diagnoses of , , ... (. . . . . } left , , functional decline, frailty, elevated . . . . . , major , , , ... (. . . . .), and (,); the resident needs assistance with ambulation, Bathing, toileting and transferring. Diet: Regular, Needs assistance with self-administration of medication. Residents #18 and #19 - 6 calls ranged from 32 minutes to over 4 hours: . . . . . lasted 47s; lasted . . 02s; . . . . . lasted 49mins 32s; . . . . . lasted . . . . . 15s; lasted 59mins 36s; . . . . . 210 lasted 32mins 56s. Review of Resident #18's health assessment completed on showed medical history and diagnoses of , , ... , , ... (, , ...); the resident has physical limitations of replacement, limited , , gait instability, range movement; the resident needs supervision with grooming and transferring, assistance with ambulation, bathing, and . Review of Resident #19's health assessment	A 079		

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A 079	Continued From page 26 completed on . . . . . showed medical history and diagnoses of muscular . . . . . , hx (history) . . . . . (. . . . .), ... (. . . . .), increased lipids, prior . . . . . 1998, sleep . . . . , and . . . . ; the resident is legally . . . . ; the resident needs supervision with ambulation, assistance with bathing, ... , toileting, and transferring; the resident also needs assistance with self-administration of medication. Residents #43 and #44 - 3 calls: lasted 32mins 13s; . . . . . lasted 38mins 34s; . . . . . lasted 1hr 3mins 50s. Review of Resident #43's health assessment completed . . . . . showed medical history and diagnoses of . . . . . , ... (. . . .), ... (. . .), ... , ... prostatic hyperplasia (. . .), ... , tinnitus, tremors. Resident #56 - 5 calls ranged from 30 minutes to about 1 hour: . . . . . lasted 47mins 48s; . . . . . lasted 58mins 50s; . . . . . lasted 38mins 26s; . . . . . lasted 34mins 15s; . . . . . lasted 33mins 10s. Review of Resident #56's health assessment dated . . . . . showed medical history and diagnoses of . . . . (. . . . .), ... , ... , Frequent . . . . (. . . . .); the resident needs assistance with bathing and . . . . . , and needed total care with ambulation, and transferring; the resident also needed assistance with self-administration of medication. Resident #54 - 3 calls: . . . . . lasted 42mins	A 079		

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A 079	Continued From page 27 57s; [illegible] lasted 47mins 58s; [illegible] lasted 40s. Review of Resident #54's health assessment completed [illegible] showed medical history and diagnoses of [illegible] ([illegible]), [illegible]. Resident #54 required supervision with ambulation, bathing, [illegible], self-care (grooming), toileting and transferring. The resident needed assistance with the self-administration of medication. Resident #41 - 10 calls ranged from 37 minutes to over 7 hours: [illegible] lasted 37mins 35s; [illegible] lasted 46mins 30s; [illegible] lasted 1hr 3mins 10s; [illegible] lasted 56s; [illegible] (2 calls) lasted [illegible] 06s, and [illegible] 11s; [illegible] (2 calls) lasted [illegible] 38s, and 38 mins 45s; [illegible] lasted 1hr 4mins 45s. Review of Resident #41's health assessment dated [illegible] showed medical history and diagnoses of [illegible] ([illegible]); the resident needed assistance with all Activities of daily living including ambulation, [illegible], bathing, eating, grooming, toileting, and transferring; the resident also needs assistance with self-administration of medication. Resident #107 - 6 calls ranged from 35 minutes to over 2 hours: [illegible] lasted 58s; [illegible] (2 calls) lasted 44mins 31s, and [illegible] 22s; [illegible] lasted 10s; [illegible] lasted 35mins 47s; [illegible] lasted [illegible] 55s. Review of Resident #107's health assessment dated [illegible] showed medical history and diagnoses of [illegible]	A 079		

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A 079	Continued From page 28 ( ), , AD ( ), ( ), and ; Resident needs assistance with medications; activities of daily living showed the resident needs supervision with ambulation and eating, and needs assistance with bathing, , self-care and toileting. Resident #112 - 2 calls: lasted 47mins 51s; lasted 23s. Review of Resident #112's health Assessment dated showed medical history and diagnoses of Tremor, , , ( ), hypercholesteremia, ( ), D deficiency, Phylicia. Activities of daily living showed resident needs supervision with ambulation, bathing, , self-care, toileting and transferring; resident also needs assistance with self-administration of medication. Resident #78 - 2 calls: last 2hr 8mins 24s; lasted 18s. Review of Resident #78's health assessment dated showed medical history and diagnoses of ( ), (Hairy Cell), , and ; the resident needs assistance with ambulation, bathing, eating, toileting; the resident needs total care with , self-care (Grooming) and transferring; the resident also needs assistance with self-administration of medication. Resident #27 - 2 calls: lasted 1hr 8mins 47s; lasted 5s.	A 079		

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A 079	Continued From page 29 Review of Resident #27's health assessment completed on [illegible] showed medical history and diagnoses of AMS ([illegible]), HLD ([illegible]), [illegible], MDD (major [illegible]), [illegible] ([illegible] and [illegible]); the resident has physical limitations of bed bound; the resident needed assistance with all Activities of daily living including ambulation, [illegible], bathing, eating, grooming, toileting, and transferring; there was no information whether the resident needs assistance with self-administration of medication. Resident #50 - 3 calls: [illegible] lasted 1hr 6mins 24s; [illegible] lasted 58s; [illegible] lasted 31mins 14s. Resident #97 - 2 calls: [illegible] lasted 37mins 13s, and [illegible] lasted 44s. Review of Resident #97's health assessment completed [illegible] showed medical history and diagnoses s/p , [illegible], atherosclerotic [illegible] (ASHD), [illegible] hypertensive [illegible] [illegible] ([illegible]), [illegible], seborrheic keratosis. Resident #97 needed assistance with bathing, [illegible] and self-administration of medication. Resident #45 - 6 calls ranged from 36 minutes to over 2 hours: [illegible] lasted [illegible] 38s; [illegible] lasted 2hrs 43mins 4s; [illegible] lasted 36mins 26s; [illegible] (3 calls) lasted 42mins 41s, [illegible] 20s, 2hr 1min 52s. Review of Resident #45's health assessment	A 079		

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A 079	Continued From page 30 completed ... showed medical history and diagnoses of ..., prostatic hyperplasia (...), ..., insufficiency, severe ..., (...), ... Resident #45 required assistance with ambulation, bathing, ..., toileting and transferring and with the self-administration of medication. During an interview on ... at around 11:15 PM with Resident #114's family member, the family member stated that staffing was low because staff were paid $12/hr. She stated that the front desk is not staffed 24 hours, and the doors are shout at 10:00 or 11:00 PM, and then it took 45 minutes or more for her to get into the building to attend to her mother's needs. She stated that the facility had been understaffed for at least a year and a half. Resident #114's family member then stated that her mother had called her in NY because the mother had to go to the bathroom, and staff did not respond to the call light for more than 51 minutes. She stated her mother defecated on herself as a result. At 6:30 am the mother needed help getting cleaned up. Staff did not help, and her mother got assistance only from her private aide who arrived at 8:30 am and found her mother trying to clean herself. On ... at 07:28 AM, interview with a private duty aide (PDA) providing companionship to Resident #81 stated, "They don't have enough staff. The new management doesn't know how to talk to the staff. There were some good staff, and they quit. Sometimes, I need help, and I press the button, but it takes them a long time to come. By the time they come, I already upset about it and do it myself. The staff are doing so much, they	A 079		

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A 079	Continued From page 31 can't get to the call lights on time like they're supposed to. The staff are probably scared to talk because they are afraid to lose their job. Everybody is afraid to talk here. The new management controls the staff by bullying them." 2. Staffing shortage Observation on [redacted] at 11:00 PM a bulletin board on the nursing station noted a census of 119 residents, including two residents hospitalized and one resident in rehabilitation. Observed 4 staff (Staff D, Staff E, Staff N, and Staff O) working onsite. On at around 11:00 PM, Staff O (Direct Caretaker) stated there were 113 residents currently onsite. On at 12:34 AM observation showed Staff D was on duty alone in third floor (memory care unit) working with 18 residents. Review of residents' record on the memory care unit showed the following: Reviewed the Health Assessment of Resident #1 completed on [redacted] showed diagnosis of [redacted], Atherosclerotic [redacted] (ASHD), and [redacted]. Activities of daily living showed supervision in transferring, needs assistance with ambulation, bathing, [redacted], self-care, and toileting and total in bathing. Review of the Health Assessment of Resident #2 completed on [redacted] showed diagnosis of [redacted] and [redacted]. Activities of daily showed resident needs supervision with bathing, [redacted], and self-care.	A 079		

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A 079	Continued From page 32 Review of Resident #3's Health Assessment showed diagnosis of [illegible]; activities of daily living showed resident needs total care with ambulation, toileting, bathing, [illegible], transferring, and needs assistance with eating. Review of Resident #4's health assessment showed diagnosis of [illegible]. Activities of daily living showed resident needs assistance with self-grooming and bathing. Review of Resident #5's health assessment showed diagnosis of a [illegible], wedge [illegible] of unspecified [illegible]. Activities of daily living showed resident needs assistance with ambulation, bathing, [illegible], toileting, and transferring, and needs supervision with self-grooming and independence in eating. A review of Resident #6's health assessment dated [illegible] showed that the resident has a medical history and diagnosis of right heel [illegible], and [illegible]. As for activities of daily living, the resident required assistance with all her ADL'S including ambulation, bathing, [illegible], eating, self-grooming, toileting, and transferring. As for medications, the resident required medication administration. Review of Resident #7's health assessment showed diagnosis of [illegible], and [illegible]. There was no health assessment on file for Resident #8. Review of the health assessment of Resident #9 showed [illegible] ([illegible]); activities of daily	A 079		

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A 079	Continued From page 33 living showed resident needes supervision with ambulation, eating, toileting, and assistance with bathing, [illegible], self-care, toileting and transferring. Review of Resident #10's health assessment showed diagnosis of intracapsular [illegible] of left [illegible] and major [illegible]. Activities of daily living showed resident needs assistance with ambulation, eating and transferring, and needs total care with self-grooming, bathing, and toileting. Review of Resident #11's health assessment showed diagnosis of [illegible] and [illegible]. Activities of daily living showed resident needs assistance with ambulation, bathing, self-grooming, eating, toileting, and transferring. Review of the Resident #13's Health Assessment showed diagnosis of [illegible], [illegible], [illegible]; activities of daily living showed resident needed supervision with ambulation, eating, self-groom, bathing, toileting and transferring. Review of Resident #14 health assessment was diagnosed with [illegible], and [illegible]. Activities of daily living showed resident needs assistance with bathing, [illegible], self-care, toileting, and transferring, and needs supervision with ambulation and eating. Review of Resident #17's health assessment showed diagnosis of [illegible], [illegible]. Activities of daily living showed resident needs assistance with ambulation, bathing, self-grooming, eating, toileting, and transferring. On [illegible] at 12:34 AM, Staff D stated that there were 18 residents on the floor, and that all	A 079		

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A 079	Continued From page 34 residents needed assistance with activities of daily living (ADLs). Staff D then stated that she doesn't really work night shift; she usually works from 3:00 PM to 11:00 PM, including tonight, when she had started at 3:00 PM. She stated that she was still working because there was not enough staff to cover the overnight shift. She further stated that during a week, she worked a double shift at least once. During an interview with Staff N on [redacted] at around 05:38 AM regarding residents onsite, Staff N stated that the facility had a census of 119 residents and 6 staff on duty. She stated that she did not know how many residents were onsite. She stated, "I don't know how many residents we have here. I don't really remember how many staff. Let me see. I think it's me (Staff N), Staff O, Staff D, Staff E, Staff X, and Staff K." Observation on [redacted] at around 05:38 AM showed 6 staff working with a total of 106 residents. Further observation at 06:25 AM showed no staff was available on 6th, 7th, 9th, and 10th floor. Interview with Staff K on [redacted] at around 06:09 AM, Staff K stated, "the place is not clean enough. More workers are needed. The staff don't get along because some people want to be favorites." Staff K then stated they are short of staff three to four times per week. They are supposed to have 9 staff all together, but they sometimes only have 7. On [redacted] at 8:30 AM Resident #18 stated, "We called, and it takes a very long time for them to come and assist us in whatever we want. Last week it took a long time for them to come and bath him (Resident #19) because they told me	A 079		

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A 079	Continued From page 35 that they were short on staff. Sometimes when they finally come, they tell us that we have to keep waiting because they are short on staff. They have to work on having more staff." Observation on at around 5:40 AM showed Resident #1 alone in her room, wearing a shirt and an adult brief but no pants, seated in a wheelchair, secured by a belt that she could not remove without staff assistance. Observed Resident #1 was crying, appearing very distressed. On at 5:43 AM, interview with Staff K regarding Resident #1 tied to a chair, Staff K stated that she put Resident #1 in the wheelchair at around 5:30 am. Staff K further stated that staff sometimes leave Resident #1 belted in the chair when there are 2 staff on duty, otherwise they cannot care for the other residents. She stated that she doesn't want Resident #1 to and get hurt, but she cannot stay with her. During another visit to the facility on at around 06:55 AM, observation showed Resident #1 was once again belted into the wheelchair, which was placed at a table in the dining room. at 10:51 AM, interview with the administrator regarding Resident #1 belted onto a wheelchair, the administrator stayed silence; she made no comment. On at 05:58 AM, Staff Z stated that she did not know how many residents they had last night. She stated that she worked from 2:00 PM to 10:00 PM and was covered for last night. She stated there were 5 staff working last night: Staff O worked as Med Tech, Staff E, Staff D,	A 079		

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A 079	Continued From page 36 Staff X, and her (Staff Z). On [redacted] at 10:20 AM, interview with a PDA for Resident#81, when asked how often the staff comes to help the resident, the PDA stated that the staff does not come, except to give medications. She then stated that someone comes twice weekly to clean the room. She then stated that facility staff provides no other services for the resident, "I do everything for her. I feed her. I bathe her. Everything." Class II	A 079		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of	A 081		

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A 081	Continued From page 37 completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of	A 081		

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A 081	Continued From page 38 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty	A 081		

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A 081	Continued From page 39 (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on Observation, record review and interview the facility failed to have all the required in-service trainings prior to interacting with residents for five out of 28 (A, B, D, P, and Z) sampled staffs. Findings included: On at 11:00 PM during the tour was observed Staff D taking care and interacting with the residents in 3rd floor, Memory Care Unit, 18/residents, by herself. Record review showed The Administrator was hired on , Staff B (DON) hired on , and Staff D hired on , no documentation was found for control, Adverse Incidents, Resident's rights, and neglected, resident behavior and needs assistance with ADL's, Understanding Elopements policy and procedures. Record review of personal fire for Staff P showed hired date and Staff Z and both had missing Elopement response training. On at 2:13 AM the Administrator stated	A 081		

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	AL11969444	A. BUILDING: _____ B. WING _____	07/12/2022

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A 081	Continued From page 40 that they should have all the necessary trainings and her assistant is the one in charge of getting all that for them and she did not know why the trainings were not in file. Class III	A 081		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff possess a current ( ) certification for four out of 28 (A, E, D, N, and L) sampled staffs.	A 083		

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A 083	Continued From page 41 Findings included: Record review showed The Administrator was hired on . . . /2, Staff E hired on . . . . . , Staff D hired on , Staff N hired on and Staff L hired on . . . . . ; the record showed no training in file and each staff work one in each floor. On . . . . . at 11:45 PM Staff N, Med tech stated that she has been working in this place for over three years. She has worked all the shifts since she is starting working. With reference to elopement drills and all other trainings like , "I do not know what trainings I have taken; I just know that I have taken so many trainings and I think that is one of them." She continues, "my main work at night is to go and check on the residents that I have to take care off and make sure that they are fine and if they need to me re-position I do it." On at 2:13 AM the Administrator stated that we should have all the necessary trainings and her assistant is the one in charge of getting all that for them and she did not know why the trainings were not in file. Class III	A 083		
A 093 SS=I	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	A 093		

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A 093	Continued From page 42 available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the 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.	A 093		

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A 093	Continued From page 43 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein 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	A 093		

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A 093	Continued From page 44 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 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 stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure dietary needs were met using standardized recipes for 13 out of 118 sampled residents who had an indicated special diet, diet, puree, and mechanical soft food (Residents #39, 8, 11, 41, 48, 114, 56, 79, 113, 118, 64, 104, and 110). Findings included: On at 10:30 AM Staff R, the food manager, stated there was no list of residents who required a or pureed diet. "We get to know the residents likes and dislikes ere. We are like family here. We have foods like sugar free Jell-O, [redacted] cake, fresh fruits. But the company we order foods from that is a special order, which we would have to do in advance."	A 093		

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A 093	Continued From page 45 On at 8:52 AM Resident #39 stated, "They don't have food for . . . . . , there is no specific diet for , they don't have a menu. All their food has either too much salt or too much sugar. I have complained a lot, I complain every month at the meetings, and I have told the Director and the Director's Boss, but nothing changes." Record review of Resident #39's health assessment showed diagnoses: . . . . , , , , Special diet: Calories Controlled. During an interview with Staff R, he stated that there was no list of residents who required special diet. Resident record review showed that Resident #114, and 104 required puree diet, Resident #64 required mechanical soft foods and Residents #8, 11, 41, 48, 114, 56, 79, 113, 118, and 110 required . . . . . diets. Review of Resident #104's record revealed no documentation of a health assessment. On at 8:20 AM during an interview with Staff AD she stated, "we have a few residents who are under puree diet, for example resident in . . . . . , Resident #104, but we give him the puree only for lunch and dinner. Observation on at 9:30 AM revealed Resident #104 in his room with a delivered breakfast tray of scrambled eggs, a muffin, and yogurt. On . . . . . at 9:40 AM The PDA stated "He eats this for breakfast. For lunch he has soup, and for dinner I sometimes make him something because the food here is not the best. I feed it to	A 093		

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A 093	Continued From page 46	A 093		

him because he is , but if I put a cup of juice in his then he can drink it himself."

According to the National Institute of Health, People with have difficulty swallowing and may even experience , while swallowing ( ). Some people may be completely unable to swallow or may have trouble safely swallowing liquids, foods, or saliva. When that happens, eating becomes a challenge. Often, makes it difficult to take in enough calories and fluids to nourish the body and can lead to additional serious medical problems.

On at 2:49 PM on a phone interview with the son of resident #104 he stated, "my father is and since he has been living in that place he has been eating fine and eating puree. I know that if he wants to eat something else."

Review of resident #11's health assessment showed diagnoses: , , ( ), ( ), Behavioral status: OBS (organic), , Special diet: No added salt.

Review of Resident #41's health assessment showed diagnoses: ( ), Special diet: .

Review of Resident's #48's health assessment showed diagnoses of , . Special diet: diet.

Review of Resident #114's health assessment showed diagnoses; Blank, Special diet: Regular Diet - Other: Ground nectar thick liquid.

Review of Resident #56's heath assessment

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A 093	Continued From page 47 showed diagnoses; [illegible], Frequent ( ), Special diet: Calories controlled. Review of Resident #79's health assessment showed diagnoses; c/p exhalation, Special diet: Low fat. Review of Resident #113's health assessment showed diagnosis of , Overactive , ( ), Special diet: Regular and no added salt. Review of Resident #118's health assessment showed diagnosis of acute left MCA (Middle), , Type II , hyponatremia. Special dietary instructions: soft and bite sized diet with thin liquids- consistent . Review of Resident #110's health assessment showed diagnosis of , , and . Special diet: Regular and no added salt. Review of the resident record showed Resident #8's health assessment was missing. Observation on and revealed Resident # 8 eating sliced hotdogs for breakfast and/or lunch. A review of the resident record found no documentation of the resident requesting hot dogs. On at 8:AM in a phone interview, Resident #8's niece stated; "My aunt has been living in that place since of this year and I put her in that place because it looked very nice for her. When I left her there the	A 093		

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A 093	Continued From page 48 food that they were giving her looked very good and she was very happy with it. I did not know that they had been giving her for breakfast: hot dog; lunch and dinner: hot dog and mashed potatoes or grilled chicken . . . . . I thought that they were giving her good food. I am right now in Chicago, and I will call them and ask what happened." Review of Resident's #64's health assessment showed diagnoses of health assessment diagnoses of . . . , ... , limitation on . . . . . and . . . . . ; Special diet: no added salt diet and puree. Review of all resident records found no documentation that any resident waived their therapeutic diet. Class II	A 093		
A 152 SS=I	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (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:	A 152		

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A 152	Continued From page 49 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 observation, interview, and record review, the facility failed to provide a clean and safe environment for all residents. There were insufficient cleaning supplies and sanitary products availble for resident use. Roaches were observed in the facility. Findings Include: 1) On at 1:05AM, the Administrator stated "We have pest problems. We do preventive kitchen for roaches, kitchen sink for flies there are maintained every two weeks.	A 152		

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A 152	Continued From page 50 On . . . . . at approximately 8:14 AM was observed a roach on the floor in # , where resident #112 was staying. On . . . . . at 8:16 AM staff Q stated, "I have not seen any pest service that have come to this place. On . . . . . at 9:30AM, Resident #118 stated, "I saw a roach in my drawer last week and I told management, but I don't know whether they sprayed my room." Observation on at 9:30 AM showed in . . . # , were residents # 109 and 110 were staying, around the window the paint was peeling. On . . . . . at 9:35 AM Resident # 109 stated, "that has been like that for a while, they need to come and fix it." On . . . . . at 10:17AM, Resident #112 stated that the facility was clean but there was a roach in her drawer last week, the week of . . . . . . On . . . . . at 10:15 AM the Administrator stated, "the facility has had contract with one pest control company for a few months already, but it was not working, and the facility had to hire a new pest control company to take over and give the proper treatment to the room infested with bed bugs." 2) On . . . . . at 10:23 am, observation revealed 40 rolls of toilet paper, no sanitizer or cleaning solution in the facility storage area. Staff AC stated that there was one bottle of cleaning solution that was being rationed out on all 10 floors . She stated that there was no working	A 152		

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A 152	Continued From page 51 vacuum cleaner and that the carpets were bing swept when families complained that the floors wer dirty. She stated that the houskeeing manager had said that supplies were too expensive, and so none had been ordered. She further stated that staff had "no gloves, no sanitizer, nothing to protect ourselves." She stated that many of the residents were of feces, and it was difficult to clean without the supplies. On observation at around 11:00 am in the staff office: Assistant Wellness Director asked housekeeping staff to go to the third floor to remove feces from and clean the sink in unit 310. Observed the housekeeper to have a bottle of cleaning solution. She stated 'this is the only cleaner I have'. The Assistant Wellness Director told her to keep the bottle with her and spray some of the solution in the area so that it could be cleaned. On at around 10:00 the storage room where all the cleaning supplies and sanitary products were kept for the facility was observed to have two small containers of sanitizer. There were no cleaning supplies, paper towels, or toilet paper. On at 10:30 AM during and interview with the supervisor of maintenance he stated, "I placed the order yesterday at around 5:30 PM and usually takes 24 to 48 hours for the supplies to come, but for now we have enough to keep the facility clean and keep cover all the resident's necessities."	A 152		

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A 152	Continued From page 52 Class II	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents	A 162		

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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 162	Continued From page 53 receiving assistance with the activities of daily living must have their ◡ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children	A 162		

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A 162	Continued From page 54 and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for	A 162		

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A 162	Continued From page 55 facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a completed health assessment for 28 out of 118 sampled residents (Residents # 4, 6, 20, 21, 25, 27, 29, 30, 32, 33, 40, 43, 46, 49, 70, 73, 79, 80, 85, 87, 88, 91, 92, 100, 107, 110, 113, 114). Findings included: Review of Resident #4's health assessment showed the special precautions section was left blank. Review of Resident #6's health assessment showed the special precautions and elopement risk sections were left blank. Review of Resident #20's health assessment showed the special precautions section was left blank. Review of Resident #21's health assessment showed the special precautions and elopement risk sections were left blank. Review of Resident #25's health assessment showed the special precautions section was left blank. Review of Resident #27's health assessment showed the elopement risk section was left blank. Review of Resident #29's health assessment	A 162		

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A 162	Continued From page 56 showed the special precautions section was left blank. Review of Resident #30's health assessment showed the special precautions section was left blank. Review of Resident #32's health assessment showed the special precautions section was left blank. Review of Resident #33's health assessment showed the physical or sensory limitations, , , , and special precautions sections were left blank. Also, the section on the first page that should be completed by the facility was incomplete and the last page was left blank. Review of Resident #40's health assessment showed the special precautions section was left blank. Review of Resident #43's health assessment completed showed that the nursing/treatment/ , , , service requirements section was left blank. Review of Resident #46's health assessment completed showed the first page was missing. Review of Resident #49's health assessment showed that the health care provider did not date it and the section on the first page that should be completed by the facility was incomplete. Review of Resident #70's health assessment showed the special precautions and elopement risk sections were left blank.	A 162		

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A 162	Continued From page 57 Review of Resident #73's health assessment showed the elopement risk section was left blank. Review of Resident #79's health assessment showed the special precautions section was left blank. Review of Resident #80's health assessment showed the special precautions section was left blank. Review of Resident #85's health assessment showed the special precautions section was left blank. Review of Resident #87's health assessment showed the special precautions section was left blank. Review of Resident #88's health assessment completed . . . . . showed the health care provider's credentials were missing. Review of Resident #91's health assessment completed . . . . . showed the special precautions section was left blank. Review of Resident #92's health assessment completed . . . . . showed the type of assistance needed with medications was left unchecked and the nursing/treatment/ . . . . service requirements and special precautions sections were left blank. Also, the section on the first page that should be completed by the facility was incomplete. Review of Resident #100's health assessment showed the special precautions section was left blank.	A 162		

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A 162	Continued From page 58 Review of Resident #107's health assessment showed the special precautions section was left blank. Review of Resident #110's health assessment showed the special precautions section was left blank. Review of Resident #113's health assessment completed showed the special precautions section was left blank. Review of Resident #114's health assessment completed showed the first page was missing. On at 10:51 AM, the Administrator stated that when the health assessments were done, they tried to have them completely from the physician or family members who brought them and ensure was complete. The Administrator further stated that physicians never done the health assessments correctly on the first time. Class III	A 162		
A 165 SS=H	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	A 165		

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A 165	Continued From page 59 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. [illegible]; 2. [illegible] or [illegible] damage; 3. Permanent [illegible]; 4. [illegible] or [illegible] of bones or joints; 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	A 165		

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A 165	Continued From page 60 of the facility's investigation into the adverse incident. (6) [redacted], neglect, or [redacted] 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 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.	A 165		

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A 165	Continued From page 61 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit an adverse incident within one business day and within 15 days after the incident to The Agency for Healthcare Administration (AHCA) for three out of 118 sampled residents (#1, 2 and 3). The facility also failed to report to the Department of Children and Families for one of 118 sampled residents. Findings included: Review of AHCA Incident Reporting System (AIRS) on at 3:03 PM showed that the facility did not have an adverse incident report on file for the last six months. Review of Resident #1's health assessment showed completed on Diagnoses: , Activities of daily living: Needs assistance with ambulation, bathing, self-care (grooming), toileting, needs supervision with eating, and transferring. Review of Resident #1 internal incident report showed that she was found to have a black on an undermined date. On at 8:32 AM Staff U stated that regarding the black and the dragging- Late or early when she came to work the next day, the night crew (Staff D and K) said that Resident #1 out of bed. Her daughter was notified, the administrator and the Director of Nursing (DON) were notified on at 9:00 the Administrator stated that she was not aware of anyone being dragged by their hair and was not aware of other injuries. Review of the internal staff log showed there was	A 165		

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A 165	Continued From page 62 no documentation of the injury in the resident record, however staff provided pictures they took of the resident with their personal telephones. According to Staff U (CNA/med tech) the photo was dated , ... The administrator denies that the resident was abused, and she appeared to be unaware of the incident. The staff also provided photographic evidence of on the resident's . . . . . The resident received no medical care. The resident also had two documented injuries when her wheelchair allegedly backwards, and she struck her on the floor. There was no documented medical care. A review of the facility's internal incident reports related to the showed that the DON (Director of Nursing) placed an ice pack on the resident's . . . . The form showed that the resident's family and physician were contacted for the backward of the resident. On . . . . . at 2:35 PM on a phone interview, the family member (Daughter) stated that they had not been called regarding the . . / . . . injuries/ black , . The family further stated that they had taken a picture of Resident #1 in . . . . . , at which time she also had a black , and stitches. They had not been contacted by the facility regarding this incident either. Review of Resident #2 internal incident log showed that she had had been dragged across the floor by Staff C. There was no documentation of the incident in the resident's record. According to a note in the staff log, the incident happened on or around , , 2022. Review of Resident #2's health assessment completed on showed Diagnoses:	A 165		

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A 165	Continued From page 63 , Behavioral status: Mild , Activities of daily living: independent with ambulation, eating, toileting, and transferring, needs supervision with bathing, , and self-care (grooming). On at 6:25 AM Staff L (caregiver) stated that she was present during the incident of the Resident #2 being dragged across the floor by Staff C. She stated that Resident #2, who was difficult to deal with due to her of , was refusing to go to the shower. Staff L tried to encourage the resident to shower by telling her that her family was coming to visit, however Staff C became impatient, grabbed Resident #2 by her left arm (she later stated that this left a), and the resident to the floor since she had been holding on to a broken assistive device (walker). Staff L stated that Staff C then dragged Resident #2 to the shower. Resident #2's or became bloody from the (being dragged across the carpet). DON (Director of Nursing) bandaged the residents' . On at 8:25 AM, the DON claimed that no one told her about the . A review of an internal Facility incident report showed that Resident #3 was found to have on her arms and . This resident was also in the memory care unit. There was no documentation of the incident in the resident record, and there was no documentation of an investigation into the incident, or any medical care provided to the resident. Review of Resident #3's health assessment completed on , Diagnoses: ,	A 165		

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A 165	Continued From page 64 Behavioral status: . . . . . , Activities of daily living, ADL's: Total in all of them. The resident needed total care with all activities of daily living except Eating, with which she needed assistance. On and , the Administrator stated that her investigation of these incidents was documented on the internal incident report. A review of these documents found no investigation. On at 10:53 AM during the interview with the administrators she stated, after our investigation we did not classify it as an , so that's why we did not file an AIRS or report to other state agency. On at 6:30 AM Staff L stated that regarding whether she was on duty or if she knew anything about Resident #2 being dragged, "It was me and Staff . . . I asked her to help me. We were going to bathe her. When she's (Resident #2) agitated, I just leave her alone until she calms down. I say some things to motivate her, like I tell her the family is coming, her son or her granddaughter, just tell that to motivate her. She had a walker there. It was unbalanced. She got up walking, holding the walker. We were going to shower her, but she didn't want to go to the shower. She held the walker, and the handle came out. Staff C tried to pull her up, grabbed her and held too tight[ly] on the arm. Staff C was dragging her to pull her up and get her into the shower. This is how she got the on her . . . . This was a few months ago in . . or , . Staff U documented it in the book." Class II	A 165		

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A 182	Continued From page 65	A 182		
A 182 SS=I	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement the emergency management plan for 13 out of 13 sampled residents. The facility failed to maintain trained and qualified staff that are required to implement the emergency management plan. Findings: The staff on . . . . . and . . . . . did not know the full facility census, including the number of residents on their assigned floors. Interviewed on . . . . . at 11:00 PM, Staff O stated that she was the shift leader for the overnight shift. Staff O stated further that she did not know the census, nor could she explain the elopement drill. She (Staff O) referred to an elopement drill as a fire drill. Interviewed on at 11:05 PM Staff E stated, "I don't know how many residents are in the building." Interviewed on at 11:16 PM Staff O	A 182		

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A 182	Continued From page 66 stated that she worked every floor but was assigned to the Memory Care Floor (3rd) and did not know the facility census. A review of the fire department report on showed that the fire department was dispatched to the facility on at 11:23 PM. The report stated further, "Arrived and found slight odor of burnt food on the 3rd floor. No sign of fire. Employee advised that they were cooking popcorn in the microwave when they began to smell it . Employee stated that they threw food away, but odor persisted. Fire crew assisted employees with by using fire department fan. Fire crew cleared scene after finding no emergency." A review of the facility census showed 13 residents on the Memory Care Unit (3rd floor): A review of Adverse Incident database found no report of a fire or fire department being dispatched on on the Memory Care Unit (3rd floor). There was no noted documentation of the incident on showing the floors that were evacuated. The facility provided no documentation for the past two years of fire drills involving residents upon request. Resident #1 was admitted on . Reviewed the Health Assessment of Resident #1 completed on showed a diagnosis of , Atherosclerotic (ASHD), and . Resident was not listed as a precaution. Activities of daily living showed supervision in transferring, but assistance needed in ambulation, bathing, , self-care, and toileting and total in bathing.	A 182		

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A 182	Continued From page 67 Resident #2 was admitted on . A review of the Health Assessment of Resident #2 completed on showed a diagnosis of and . Resident has no precautions and not listed as an elopement risk. Activities of daily showed independence in ambulation, eating, toileting and transferring, but needed supervision in bathing, and self-care. Resident #9 was admitted on . A review of the health assessment showed a diagnosis of ( ), , Behavioral Status: Alert, awake and oriented x1. Special precautions. Activities of daily living showed resident needed supervision with ambulation, eating, toileting, and assistance with bathing, , self-care, toileting and transferring. Resident #3 was admitted on and is under hospice care A review of Resident #3's Health Assessment showed a diagnosis of . Activities of daily living showed resident needed total care in ambulation, toileting, bathing, , transferring but needed assistance in eating. Resident #13 was admitted on and is under hospice care. A review of the Resident #13's Health Assessment showed a diagnosis of , , , . Activities of daily living showed resident needed supervision in ambulation, eating, self-groom, bathing, toileting and transferring. Resident was a precaution. Resident #14 was admitted on . A review of Resident #14 health assessment was	A 182		

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	AL11969444	A. BUILDING: _____ B. WING _____	07/12/2022

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A 182	Continued From page 68 diagnosed with , , and , , . Activities of daily living showed resident needed assistance in bathing, , self-care, toileting, and transferring but needed supervision in ambulation and eating. Resident was listed as a precaution. Resident #4 was admitted on . A review of Resident #4's health assessment showed a diagnosis of , . Activities of daily living showed independence in ambulation, eating, toileting and transferring, but resident needed assistance in self-grooming and bathing. Resident #5 was admitted on . A review of Resident #5's health assessment showed a diagnosis of a , , , wedge of unspecified . Activities of daily living showed resident needed assistance with ambulation, bathing, , toileting, and transferring, but needed supervision in self-grooming and independence in eating. Resident #7 was admitted on . A review of Resident #7's health assessment showed a diagnosis of , , and , , . Activities of daily living showed resident independent ambulation, eating, bathing, self-grooming, toileting, and transferring. Resident #10 was admitted on and is under hospice care. A review of Resident #10's health assessment showed a diagnosis of intracapsular of left and major , . Activities of daily living showed resident needed assistance with ambulation, eating and transferring, but needed total care in self-grooming, bathing, and toileting. Resident #17 was admitted on . A	A 182		

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A 182	Continued From page 69 review of Resident #17's health assessment showed a diagnosis of , . Resident is a risk. Activities of daily living showed resident needed assistance with ambulation, bathing, self-grooming, eating, toileting and transferring. Resident #11 was admitted on . A review of Resident #11's health assessment showed a diagnosis of , and . Activities of daily living showed resident needed assistance in ambulation, bathing, self-grooming, eating, toileting, and transferring. In addition to the residents on the memory care unit, there are residents on other floors receiving hospice care services that needed to be evacuated as well to include: Resident #27 resided on the 2nd floor # and is under hospice care. Activities of daily living showed resident needed assistance in ambulation, bathing, , eating, toileting, and transferring. Resident is listed as a precaution. Resident #56 resided on the 7th floor # and was under hospice care. Activities of daily living showed resident needed assistance in ambulation and bathing and is independent in eating, toileting and transferring. Resident was listed as a precaution. Resident #88 resided on the 9th floor # and was admitted and is under hospice care. A review of the health assessment showed medical history and diagnoses of , ( ), , ( ),	A 182		

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A 182	Continued From page 70 right sided , atherosclerotic (ASHD), . Activities of daily living showed resident need assistance in ambulation bathing, , eating, toileting and transferring. Resident #119 resided on the 6th floor # and is under hospice care. Activities of daily living showed resident needed total care in ambulation, bathing, , eating, toileting and transferring. Interviewed on at 12:15PM, the Administrator stated that the fire alarm went off when on . The administrator stated that it was the panel downstairs on the first floor behind the reception desk that went off. We started to evacuate. The fire department came out." Interviewed on at 7:08PM Staff AA stated that her last day working was , , and the fire was on the memory care floor. Staff AA stated further, "A staff called me and told me. When it happened, someone posted it on the group chat. There was a lot of smoke. They (administration) covered it up. The staff did not know what to do. Just look in their files. We did not do fire drills when I was there. I was there since this place opened." Interviewed on at 10:23AM Staff AB stated that she has been working at the facility for seven months. Staff AB stated further, "More people on the 9th floor are able to help themselves, but more people on the 6th floor need help. I work the 6th and 9th floor alone." When asked what she would do if there was a fire, Staff AB stated, "I would use the stairs, but I would be unable to evacuate the since most of them needed assistance with walking. Someone	A 182		

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A 182	Continued From page 71 would need to come and get us." Class II	A 182		
A 000	Initial Comments A Complaint Investigation (complaints numbered 2022005161 and 2022009263) was conducted at Plaza at Parksquare (The) on to . Deficiencies were identified at the time of the survey.	A 000		
A 008 SS=F	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative	A 008		

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A 008	Continued From page 72 tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for	A 008		

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A 008	Continued From page 73 placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance	A 008		

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A 008	Continued From page 74 with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [illegible], which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was	A 008		

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A 008	Continued From page 75 provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 008		

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A 008	Continued From page 76 failed to ensure that five out of 118 residents (Resident #8, #96, #101, #104, and #116) had a health assessment within 30 days of placement into the facility. Findings included: Review of Resident #8's record revealed he was admitted to the facility on . . . . . Further review revealed no documentation of a health assessment (AHCA Form 1823). Review of Resident #96's record revealed she was admitted to the facility on . Further review revealed no documentation of a health assessment (AHCA Form 1823). Review of Resident #101's record revealed he was admitted to the facility on . . . . . Further review revealed no documentation of a health assessment (AHCA Form 1823). Review of Resident #104's record revealed he was admitted to the facility on . Further review revealed no documentation of a health assessment (AHCA Form 1823). Review of Resident #116's record revealed he was admitted to the facility on . . . . . Further review revealed no documentation of a health assessment (AHCA Form 1823). During an interview on . . . . . at 10:48AM, The administrator stated "the health assessments could have been getting updated. When a physician comes in we pull them so we can have them updated by the physician on their visit." Class III	A 008		

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A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for	A 010		

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A 010	Continued From page 78 nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.	A 010		

Agency for Health Care Administration

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A 010	Continued From page 79 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions	A 010		

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A 010	Continued From page 80 are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, and interview the facility failed to ensure the appropriateness of continued residency for one out of 118 sampled residents (Resident #104).	A 010		

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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 010	Continued From page 81 Findings included: Observation on [redacted] at 9:30 AM revealed Resident #104 in bed with two half bed rails in the up position, [redacted] bag for the [redacted] attached to the hospital bed, [redacted] tank and [redacted] concentrator in room. During an interview with Resident #104's private duty aide on [redacted] at 9:32 AM, she stated "I give him all his medication and his care. The staff here doesn't do anything for the resident except cleaning two times a week." During an interview on [redacted] at 9:42 AM, Resident #104's family member stated "No he's not on hospice yet. He uses a wheelchair; he can walk a little bit, but he is scared to walk because he is [redacted]." Review of Resident #104's record revealed he was admitted to the facility on [redacted]. Further review of Resident #104's record revealed no documentation of a completed health assessment (AHCA Form 1823). Class III	A 010		
A 025 SS=L	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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification	A 025		

Agency for Health Care Administration

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	AL11969444	A. BUILDING: _____ B. WING _____	07/12/2022

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A 025	Continued From page 82 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 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	A 025		

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A 025	Continued From page 83 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, and interview, the facility failed to provide adequate supervision as appropriate for each resident to ensure awareness of the general health, safety, physical and emotional well-being for 11 out of 119 sampled residents (Residents #1,2,11,27,39.41.61,73, 78, 86,97). Resident #3 sustained a , , and Resident #78 sustained a left after a . Residents #11, #27, and #61 suffered hematomas to the . Residents #1 and #73 sustained at multiple places on their bodies. Resident #39 suffered a hematoma to the right , . Findings: 1) A review of an incident report dated showed at around 3 PM, "[Resident #1] was out her room, on the floor. She was helped by staff to her room she was put into bed." The resident was assisted inside her room. The staff noted that the resident had no apparent injuries. A review of a second incident report dated showed," CNA noticed this morning and brought to my attention resident has a on the right that wasn't there while on her shift helping a coworker with the resident."	A 025		

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A 025	Continued From page 84 A review of a third incident report dated ..... at showed at 2:21 PM showed Resident #1 tilted her chair backward, resulting in the resident falling over and hitting her ... on the floor. Staff did not notate if the resident sustained any injuries. A review of Resident #1's progress notes dated , "Resident extremely agitated, she rocked her wheelchair backward and it tilted over, resident hit her . No . sustained." A review of a fourth incident report dated ..... showed the resident .. in the dining area on the 3rd floor at 5:28 PM. "Resident was having her meal in the dining area when she started tilting her wheelchair backward, resulting in her chair tilting over and resident hitting the of her ." The resident was observed with a ..... to her .... A review of the facility's post- policy and procedures showed if the resident has a ... injury, the staff is to call 911 and "document in the Resident's service notes any information about the incident." On at 11:04 AM, when asked about the process when a resident .., the Administrator stated, "The CNA (Certified Nursing Assistant) and MedTech let us know of any .., MedTech assesses them, any injury they should be sent out." A review of Resident #1's progress notes showed no documentation of the resident's nor that 911 was called. Further review showed no documentation of follow-up care with a physician. During an interview on at 1:52 PM,	A 025		

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A 025	Continued From page 85 Resident #1's daughter stated, "End of , that's when they moved my mother to the third floor. She had a black , with stitches on her . They said she . She went to rehab because of the . I didn't know if my mom had again. They never called me about her failing." A review of Resident #1's health assessment dated showed medical diagnoses and a history of , hyperlipemia, , and . The resident needed supervision with eating and transferring and assistance with ambulation, bathing, , grooming, toileting, and transferring. The health assessment indicated that the resident had no precautions. Further review of Resident #1's records showed no documentation of an updated health assessment after the resident . On at 11:04 AM, when asked about the facility's preventive measures for the residents with reoccurring , the Administrator stated, "We don't have residents that have multiple ." 2) A review of Resident #3's records revealed doctor notes dated stating, "Follow up at ALF for home health and skilled nursing for status post with wedge , and ." A review of the agency's adverse incident database showed Resident #3's with injury was not reported. A review of the facility's post- policy and procedures showed the facility completes "an incident report. The time, date, and name of the family member notified, including notification of the Responsible part, if different, should be	A 025		

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A 025	Continued From page 86	A 025		

included. The time, date, and name of the personal Physician notified if necessary.

A review of the facility records showed no documentation of an internal incident report completed for Resident #3's .

A review of the facility's incident report dated showed, "CNA (certified nursing assistant) noticed resident has on the left and right arms. CNA stated were not there yesterday during her shift."

A review of a second incident report dated showed at 11:45 PM, during rounds, Resident #3 was found on the floor near her bed. The resident had no apparent injuries.

A review of the facility's 24-hour communication log dated showed during the day shift (6 AM- 2:30 PM), "Overnight said [Resident #3] was found on the floor. No ."

A review of Resident #3's progress notes showed no documentation of any of the resident's

On at 12:10 PM, when asked why there is no documentation regarding and other injuries in the resident's records, the Administrator stated, "staff received instruction from the previous DON (Director of Nursing) not to write anything down in the records. I am trying to reverse this."

A review of Resident #3's health assessment dated showed medical diagnoses and a history of , and

The resident needed supervision with eating and

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A 025	Continued From page 87 total care with assistance with ambulation, bathing, , grooming, toileting, and transferring. The health assessment indicated that the resident had no precautions. Further review of Resident #3's records showed no documentation of an updated health assessment after the resident . 3) A review of the facility's 24-hour communication report dated showed during the day shift (6 AM- 2:30 PM), Resident #11 while trying to get out bed. Staff noted that the resident had no . A review of the facility's post- policy and procedures showed the facility completes "an incident report. The time, date, and name of the family member notified, including notification of the Responsible part, if different, should be included. The time, date, and name of personal Physician notified if necessary." A review of the facility records showed no documentation of an incident completed for Resident #11's . A review of an incident report dated showed at 4:10 PM: "Resident was walking in the hallway, she turned around when she reached [room] and as she turned in front of the room." The resident sustained a hematoma to the forehead. A review of the facility's post- policy and procedures showed if the resident has a injury, the staff is to call 911 and "document in the Resident's service notes any information about the incident." On at 11:04 AM, when asked about the process when a resident , the Administrator stated, "The CNA (Certified Nursing	A 025		

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A 025	Continued From page 88 Assistant) and MedTech let us know of any , MedTech assesses them, any injury they should be sent out." A review of Resident #11's progress notes showed no documentation of the resident's on and . Further review showed no notation that 911 was called or if there any follow up care with the resident's health care provider. A review of Resident #11's health assessment dated showed medical diagnoses and a history of , right injury, , hyperlipemia, , COVID-19 post status, and , and . The resident needed assistance with ambulation, eating, bathing, , grooming, toileting, and transferring. The special precautions section on Resident #11's health assessment was left blank. Further review of Resident #11's records showed no documentation of an updated health assessment after the resident's . 4) A review of Resident #27's progress notes dated showed, "[Resident #27] came having ice cream shake with son. She , passed out 2x, and was lifeless in his arms, he said were flattening in her , and she was very ; she drank the entire shake." Staff assessed the resident and recommended that Resident #27's son take his mother to the hospital to be evaluated. Resident #27's son transported the resident to the hospital.	A 025		

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A 025	Continued From page 89 A review of Resident #27's health assessment dated showed medical diagnoses and a history of [illegible] and [illegible]. The resident needed assistance with ambulation, eating, bathing, [illegible], grooming, toileting, and transferring. The health assessment also indicated the resident had precautions. During an interview on at 10:21 AM, Resident #27 stated, "I don't bother using my pendant to call the staff anymore because they take too long to come. I just knock on walls for the staff to come. The staff doesn't yell or treat me badly. I last week out of bed, and I had a bump. They didn't send me to any hospital. They just did what they had to do here." A review of the facility's incident report dated showed at 1:19 AM, Resident #27 was found on her on the floor. The resident had no apparent injuries. A review of Resident #27's progress notes showed no documentation of the resident's . Further review showed no documentation that the physician was contacted for follow-up care. 5) A review of the facility's incident report dated showed at 7:05 AM, Resident #39's private duty aide informed staff that on the way to use the bathroom without assistance, the resident lost her balance and . Staff noted that the resident sustained no injuries. Resident #39 was assisted by staff from the floor to the bathroom. A review of a second facility incident report dated showed at 7:15 AM, "Resident's PDA (private duty aide) reported that resident was trying to pick up her dog when she lost her	A 025		

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A 025	Continued From page 90 balance and . She sustained a concussion to her right ." Staff assisted the resident from the floor, and she was transferred to the hospital. A review of Resident #39's progress notes dated showed, "transported to [hospital] due to . Resident sustained concussion to right . All parties aware." A review of Resident #39's hospital records dated showed a 'History of Present Illness' that showed "female presents to the emergency department brought in by (emergency medical services) for a slip and . Patient was bending over to pick up her dog forward hit her , no loss of . Positive strike, patient states she felt , prior to falling. Patient complaining of hematoma over right . Patient lives at an ALF she states she's been falling a lot lately." A review of the third facility incident report dated showed at 7:30 PM, Resident #39 used her call light to notify staff she needed assistance. Upon arrival, the resident was sitting on her kitchen floor. When asked how she , Resident #39 stated that she felt a little , and backward. She stated no , and refused 911. Staff notated the resident had no injuries or redness. A review of the facility's post- policy and procedures showed the facility "document in the Resident's service notes any information about the incident." A review of Resident #39's progress notes showed no documentation of the resident's on and .	A 025		

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A 025	Continued From page 91 A review of Resident #39's health assessment dated showed medical diagnoses and a history of . The resident needed assistance with ambulation, bathing, eating, self-care, toileting, and transferring. The health assessment also indicated that Resident #39 had precautions. During an interview on at 10:30 AM, the Director of Resident Care stated, "if I see the resident has once or twice, I talk to the doctor. Maybe the resident needs a walker or ." A review of Resident #39's progress notes showed no documentation of the physician being contacted or recommendations to prevent the reoccurrence of . On at 11:04 AM, when asked about the facility's preventive measures for the residents with reoccurring , the Administrator stated, "We don't have resident's that have multiple ." 6) A review of the facility's 24-hour communication report dated showed that Resident #41 was found on the floor. A review of the facility's incident report dated showed at 2:30 AM, "Resident #41 stated she was climbing onto her bed when she lost her bed when she lost her balance and to the floor. Resident stated that she hit the of her on the footstool at her bedside." The resident was observed to have a area on the of her . The resident refused 911 and was assisted to the bed. A review of the facility's post- policy and procedures showed if the resident has a injury, the staff is to call 911 and "document in the Resident's service notes any information about	A 025		

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A 025	Continued From page 92 the incident." On ..... at 11:04 AM, when asked about the process when a resident , the Administrator stated, "The CNA (Certified Nursing Assistant) and MedTech let us know of any , MedTech assesses them, any injury they should be sent out." A review of Resident #41's progress notes showed no documentation of the resident's nor that 911 was called. A review of Resident #41's health assessment dated ..... showed medical diagnoses and a history of . The resident needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. The health assessment indicated that the resident had no precautions. Further review of Resident #41's records showed no documentation of an updated health assessment after the resident's . 7) A review of the facility's incident report dated showed at 10:36 AM, Resident #61 contacted the front desk for assistance. Upon arrival, the resident was found on the floor in a sitting position. When asked how she , Resident #61 stated that she felt , . The resident's family transported her to the emergency room. A review of the facility's post- policy and procedures showed the facility "document in the Resident's service notes any information about the incident." A review of Resident #61's progress notes showed no documentation of the resident's .	A 025		

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A 025	Continued From page 93 Further review of hospital records showed that the CT (Computed) scan revealed that Resident #61 sustained a large hematoma on the top of her . A review of Resident #61's health assessment dated showed medical diagnoses and a history of , , , overactive , and . The resident needed supervision bathing, , and assistance with ambulation, toileting, and transferring. The resident had no precautions. Further review of Resident #61's records showed no documentation of an updated health assessment after the resident's . 8) A review of the facility's incident report dated showed at 2:35 PM, staff found Resident #73 on the floor in his bedroom. A review of Resident #73's progress notes dated showed, "Resident was found on the floor in bedroom laying on . Did not explain what happened. to left cleaned and dressed." A review of Resident #73's health assessment dated showed the medical diagnosis section was blank. The resident needed assistance with ambulation, bathing, , eating, grooming, toileting and transferring. The health assessment indicated that Resident #73 had precautions. A review of Resident #73's records showed a prescription dated for physical	A 025		

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A 025	Continued From page 94	A 025		

services due to "declining functional status and balance ."

Further review of Resident #73's records showed no documentation of the resident receiving , or any interventions after the resident . There also no documentation that the physician was contacted for follow-up care.

9) A review of the facility's incident report dated showed at 11 AM, "Private duty aide was with resident; she doesn't speak English and could not state what happened." The resident was assessed and picked up from the floor. No apparent injuries were noted.

A review of a second incident report dated showed at 8:30 AM, Staff was alerted by a pendant light that Resident #78 was on the floor. Upon arrival, the resident was found on the floor near the dining table. When interviewed, the private duty aide stated, "I was in the bathroom and resident was eating breakfast, and a hear a big boom." Staff called 911 to have the resident evaluated and picked up from the floor.

A review of Resident #78's progress notes showed no documentation of the resident's on and .

A review of Resident #78's health assessment dated showed medical diagnoses and a history of , , , , and . The resident needed assistance eating and needed total care with ambulation, bathing, , grooming, toileting, and transferring. The health assessment indicated that the resident had no precautions.

A review of Resident #78's health record showed

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A 025	Continued From page 95 no documentation of any interventions after the resident first on . Further review revealed no documentation that the physician was contacted for recommendations to prevent the reoccurrence of . . 10) In an interview on at 10:30 AM, Resident #86's son stated, "My mom has been there since last year. She in , She spent about a month in the hospital and has been in rehab. She was getting out of the bed, then she ." A review of Resident #86's record showed a prescription dated for an , of the right , , , and , due to painful , . Further review showed another prescription dated for a wheelchair due to a with the cage. A review of the facility's post- policy and procedures showed the facility "document in the Resident's service notes any information about the incident." A review of Resident #86's progress notes showed no documentation of the resident's . A review of Resident #86's hospital records dated showed a 'History of Present Illness' that showed, "Patient send from [facility] today after she . Was found on ground this morning and does not know why she . She was seen here two days ago for similar and found to have a left , which she complains still hurts." A review of the agency's adverse incident database showed Resident #86's and injury were not reported.	A 025		

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	AL11969444	A. BUILDING: _____ B. WING _____	07/12/2022

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A 025	Continued From page 96 A review of the facility's post- policy and procedures showed the facility completes "an incident report. The time, date, and name of the family member notified, including notification of the Responsible part, if different, should be included. The time, date, and name of personal Physician notified if necessary." A review of the facility records showed no documentation of an internal incident report completed for Resident #86's . On at 11:04 AM, when asked whether the facility follows its prevention policy, the Administrator stated, "Everything that's on there is what we do." A review of Resident #86's health assessment dated showed medical diagnoses and a history of 's , , , , and . The resident was independent with ambulation, eating, self-care (grooming), transferring, and needed supervision with bathing, , and toileting. The health assessment indicated that the resident had no precautions. Further review of Resident #86's records showed no documentation of an updated health assessment after the resident . 11) A review of the facility's incident report dated showed at 6:10 PM, "Resident was found in the dining on her . Presented with a lump in the of the . She is awake and alert. 911 was called. Transported to [hospital]. All appropriate parties notified."	A 025		

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A 025	Continued From page 97 A review of Resident #97's hospital records dated showed a 'Chief Complaint' of "presented at the emergency department after mechanical ground-level while ambulating with her walker, hitting her walker on something causing her to tip over, hitting the right occiput with a bump on her ." A review of Resident #97's health assessment dated showed medical diagnoses and a history of , post-status , , hypertensive , , , , and Seborrheic Keratosis. The Resident is independent ambulation, eating, grooming, toileting, and transferring and needed assistance with bathing and . The health assessment indicated that the Resident had no precautions. Further review of Resident #97's records showed no documentation of an updated health assessment after the Resident . A review of the facility's post policy and procedures showed the facility completes "a comprehensive assessment to determine the resident status, evaluate the need for 911 transfer, determine the risk of injury and conduct follow up." On at 11:04 AM, when asked whether the facility follows its prevention policy, the Administrator stated, "Everything that's on there is what we do." A review of all resident's records showed no documentation of any assessment completed after the resident's .	A 025		

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A 025	Continued From page 98 Class I	A 025		
A 027 SS=K	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , , , , , , , , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist residents with arrangements for health care services for at least fifteen out of 119 sampled residents (Residents #1, #2, #7, #11, #15, #16, #36, #41, #43, #46, #73, #78, #83, #89, and#115). Resident #36 complained of , , , , , and for 4 days before she was found unresponsive then ultimately , , , . Resident #1, #11, #15, and #16 sustained multiple with injuries but received no medical intervention. Resident #16 sustained a with injuries but did not receive any medical intervention until 2 days after; Resident #16 was diagnosed with a , , , , , , . Findings included:	A 027		

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A 027	Continued From page 99 1. Review of the facility's 24- Hour Communication Report dated showed that the facility noted, "[Resident #36] complains of . Please keep , on her". There is no documentation that the medical provider was notified of the situation. The 24-hour communication report dated showed "[Resident #36] resident complaints of and . Please keep , on her". There is no documentation that the medical provider was notified about the situation. The 24-hour communication report report dated showed that during the day shift, [Resident #36] "resident still complaints of and ". There is no documentation that the medical provider was notified about the situation. Report dated showed that during the day shift (second entry), [Resident #36] "resident was found unresponsive. She was transported to Aventura Hospital (local hospital) via 911. All parties aware". Review of Resident #36 Nurse's Notes dated at 2:35 PM showed, "resident was found unresponsive in her room. She was transferred to local hospital via 911. All parties were notified." Review of Resident #36's health Assessment dated showed medical history and diagnosis of , , , , ( ), and ( ). For activities of daily living, ADL's, the resident needed assistance with ambulation, bathing, and transferring. Review of Resident #36's Hospital Discharge Summary dated showed that the resident was admitted to the hospital on	A 027		

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A 027	Continued From page 100 . . . . . The reports stated " . . . female with a past medical history of , and on presented to the Emergency Department with ( ) and for 3 days and . . . . with . . . . and for 1 day. Intubated in the Emergency Department due to Acute Hypoxemic , Failure (AHRF) and . . . . (AMS). Admitted to the . . for further management. The resident was diagnosed with Acute . . , . . . , Failure and . . . . / . . . . , . On , a , . . . extubating was performed. The resident was transferred to inpatient hospice for ongoing end of life care." The resident . . . at the hospital on an unknown date. Interviewed on at 10:45 AM e regarding Resident #36 complaining of . . . . . for a couple of days and not receiving care, the Director of Patient Care stated, "if a resident has a medical complaint, I will assess the resident since I am the only nurse in the facility. In this specific case, I do not know what happened. In general, the 24-hours communication report is review by all direct care staff. If a resident has a medical complaint for example . . . , I will not necessarily see the resident the next day especially if the staff gave the resident something for the and the resident does not complaint anymore." 2. Resident #1 Review of the facility's incident reports dated . . . . . showed Resident #1 sustained to right . Staff noted, "CNA	A 027		

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A 027	Continued From page 101 (Certified Nursing Assistant) noticed this morning and brought to my attention resident has on right that wasn't there while on her shift, helping a coworker with resident." Staff did not know if the resident . Review of the facility's incident reports dated showed Resident #1 and sustained hematoma to the . There was no documentation Resident #1 received medical intervention. Review of the facility's incident reports dated showed Resident #1 sustained large red areas on both . There was no documentation indicating if that was from a . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated showed Resident #1 and sustained a to the . There was no documentation Resident #1 received medical intervention. Review of the facility's incident reports dated showed Resident #1 sustained multiple on left . There was no documentation indicating if that was from a . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated showed Resident #1 sustained to left and right arm. There was no documentation indicating if that was from a . There was no documentation that the resident received any medical intervention. Review of Resident #1's health assessment	A 027		

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A 027	Continued From page 102 completed on [redacted] showed medical history and diagnoses of [redacted] Atherosclerotic [redacted] (ASHD), and [redacted]. Activities of daily living showed the residents needed supervision with ambulation, and transferring, needed assistance with ambulation, [redacted], self-care, and toileting, and needed total care with bathing; the resident also needed assistance with self-administration of medication. Resident #11 Review of the facility's incident reports dated [redacted] showed Resident #11 sustained a [redacted] on right [redacted]. There was no documentation about how the resident received the injury. There was no documentation about if that was from a [redacted], and about whether or not the resident received any medical intervention. Review of the facility's incident reports dated [redacted] showed Resident #11 and sustained [redacted] on right [redacted]. Resident #11 received no documented medical intervention. Review of the facility's incident reports dated [redacted] showed Resident #11 and sustained hematoma to the [redacted]. Resident #11 received no documented medical intervention. Review of Resident #11's health assessment showed medical history and diagnoses of [redacted] ([redacted]), ([redacted]), ([redacted]); activities of daily living (ADLs): the resident needed assistance with all ADLS including ambulation, bathing, [redacted], eating, grooming, toileting, and transferring; the resident	A 027		

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A 027	Continued From page 103 also needed assistance with self-administration of medication. Resident #15 Review of Resident #15's record showed an , report dated 0/02/2022 revealing that Resident #15 sustained an "acute at the diaphysis. Bony structures are ". However, there was no documentation regarding the incident. Also, there was no health assessment on the resident's record. Review of the facility's incident reports dated showed Resident #15 and sustained on forehead. There was no documentation that the resident received medical intervention. Review of the facility's incident reports dated showed Resident #15 . Resident #15 was observed on left side of . There was no documentation that the resident received medical intervention. Resident #16 Review of the facility's 24-hour communication report dated showed Resident #16 and sustained a to left arm. There was no documentation that the resident received medical intervention. Review of the facility's 24-hour communication report dated revealed, "[Resident 16] out to Aventura. from last night - non-emergency." Review of Resident #16's record showed no	A 027		

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A 027	Continued From page 104 documentation that the resident on . Review of Resident #16's hospital report showed, " male with PMH (past medical history) of 's and ( ) [on ( ) and] was brought into ED (Emergency Department) from ALF (Assisted Living Facility) in which he resided due to unwitnessed GLF (ground level). Patient onto his right side. He is usually ambulatory with RW (Rolling walker) but has been unable to ambulate since the and was complaining of R (right) . No reported injury." Further review of the hospital report showed, "Single view the and two views of the right demonstrates a total right , prothesis in satisfactory anatomical alignment. There is a lucency along the greater adjacent to the component concerning for a superimposed nondisplaced line." Review of Resident #16's health assessment showed medical history and diagnoses of , , , Major , , , , and ; activities of daily living, ADL's: resident needed supervision with and toileting, and needed assistance with ambulation, bathing, and toileting; the resident also needed assistance with self-administration of medication. Other residents Review of the facility's incident reports dated showed Resident #2 and was observed from . There was no documentation indicating if that was from a . There was no documentation that the resident	A 027		

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A 027	Continued From page 105 received any medical intervention. Review of the facility's incident reports dated showed Resident #3 sustained on left and right arms. There was no documentation indicating if that was from a . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated showed Resident #7 sustained on right . There was no documentation indicating if that was from a . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated showed Resident #41 and was observed to the of . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated showed Resident #43 and sustained on right . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated showed Resident #46 sustained to left . There was no documentation indicating if that was from a . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated 22 showed Resident #73 and sustained . There was no documentation that the resident received any medical intervention.	A 027		

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A 027	Continued From page 106 Review of the facility's incident reports dated ..... showed Resident #78 and sustained (no location specified). There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated ..... showed Resident #83 and sustained hematoma to the . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated ..... showed Resident #89 and sustained on left . There was no documentation that the resident received any medical intervention. Review of the facility's incident reports dated ..... showed Resident #115 and sustained to left . There was no documentation that the resident received any medical intervention. Interviewed on at 10:15 AM the Director of Patient Care provided a document titled " Assessment Risk Tool", then she stated, "This is what we're supposed to use when a resident ." When asked if resident records have that document, Director of Patient Care stated, "No. I don't think they have it." When asked if she completed the document when a resident sustains a , the director of patient care then stated, "No. I have never completed one. Remember I just started. I started end of ." When asked if any resident ever sustains a since she started, the director of patient care then stated, "Yes. We have residents who . I don't know what to tell you. I never filled out	A 027		

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A 027	Continued From page 107 one." When asked if the . . are recorded on the residents' record, she stated, "I don't know." Class I	A 027		
A 030 SS=K	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida . . Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 108 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 109 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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
	AL11969444	A. BUILDING: ______ B. WING ______	07/12/2022

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A 030	Continued From page 110 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 111	A 030		

telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to

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A 030	Continued From page 112 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that three of 118 sampled residents (Residents #1, 2, 3,) lived in a safe and decent living environment, free from [illegible] and neglect. Residents #1 and 3 were found to have unexplained injuries including bodily [illegible] and a black [illegible]. Resident #2 suffered [illegible] injuries after rough handling by staff. Findings:	A 030		

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A 030	Continued From page 113 1) A review of the 24-hour communication report dated noted that Resident #2 had an incident on the prior Friday ( ) where her were . The note stated that 'nobody reported the injury' on that Friday or did an incident report. A review of Resident #2's health assessment showed the resident was a female diagnosed with , and , . The resident was identified as independent with ambulation, eating, toileting, and transferring, and needing supervision with bathing, , and self-grooming. Interviewed on at 6:30 AM Staff L stated that she was on duty when Resident #2 was dragged. Staff L stated, "It was [Staff C] and I. I asked her to help me. We were going to bathe her [Resident #2]. When [Resident #2] is agitated, I just leave her alone until she calms down. I say some things to motivate her, like I tell her family is coming, her son or her granddaughter, just to motivate her. She had a walker there. It was unbalanced. She got up walking, holding the walker. We were going to shower her, but she didn't want to go to the shower. She held the walker, and the handle came out. The broken walker is still in the room. [Staff C] tried to pull her up, grabbed her and held her too tightly on the arm. That will leave on them. Their skin is so delicate you can't grab them like that. You have to hold them under their arms. [Staff C] was dragging her to pull her up and get her into the shower. This is how she got the on her . This was a few months ago. In or , [Staff U] documented it in the book." Staff L further stated	A 030		

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A 030	Continued From page 114 that no one asked her what happened nor was she interviewed by the Administrator or the DON (Director of Nursing) about it. Staff L stated that she reported it to Staff U and that the DON came down and cleaned the from the and put tape over Resident #2's . Interviewed on at 7:08 PM Staff AA (caregiver) stated that she saw Resident #2's injuries. A review of Resident #2's record found no documentation of the incident. Interviewed on , the DON stated that the staff told her that Resident #2 . There was no documentation that the DON cleaned or covered the resident's injuries, and no documentation that the resident's physician was contacted. A review of facility incident reports found no documentation of the incident. There was no documentation that the Administrator investigated the incident. A review of Staff C's employee records found two Employee Disciplinary Action Forms (warnings) dated and . Staff C was involved in a verbal altercation involving Residents in # and was asked to leave by staff. The record indicated the staff was issued a warning for harsh words. Further review showed Staff C received another warning on when she confronted the shift leader who found her resting on the memory care unit while she was on duty. Review of the Background Screening Clearinghouse roster revealed Staff C's	A 030		

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A 030	Continued From page 115 (caregiver) level II background screening determination required a new screening and furthermore the database showed Staff C's [illegible] were expired. Observation on at 9:34 AM revealed Staff C working on the memory care unit with 15 residents. During an interview on at 9:34 AM Staff C stated "I have been working at the facility for 1 year. I work everywhere in the facility but have been working on the memory care unit for 3 months. I was placed on this unit on the third floor because I have a [illegible] and ankle problem, so it was hard to walk up and down." Review of the staffing schedule for revealed Staff C was scheduled to work on the memory care unit from 6 AM to 2:30 PM. Review of the staffing schedule for revealed Staff C was scheduled to work on the memory care unit from 2 PM-10:30 PM Review of the staffing schedule for revealed Staff C was scheduled to work on the memory care unit from 6 AM to 2:30 PM. Review of the staffing schedule for revealed Staff C was scheduled to work from 6 AM to 2:30 PM. Observation on at 9:35 AM revealed Staff C on duty coming out of a resident's room wearing scrubs. Review of the staffing schedule for revealed Staff C was scheduled to work from 6 AM to 2:30 PM.	A 030		

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A 030	Continued From page 116 Interviewed on at 7:08 AM the Administrator denied any and stated that they did not classify Resident #1 and Resident #2's situations as an and that was why they did not report them. 2) Observation on at 12:34 am revealed Staff D (caregiver) on duty alone on the third floor (memory care) unit. Staff D stated that there were 18 residents on the unit, and that all of them needed assistance with activities of daily living. A review of the facility's staff roster in the background screening database revealed that Staff D was not listed as an employee although she did have an eligible level II background screening. A review of Staff D's personnel record found no documentation of any training. A review of Resident #1's health assessment dated showed that she was and diagnosed with of , , , , , , Atherosclerotic (ASHD), and . The resident needed assistance with ambulation, bathing, self-grooming, eating, transferring and toileting, and supervision with and eating. There was no indication on the health assessment of 's or , and no documentation of why the resident needed to be on the locked memory care unit. Review of a partial hospital record in the resident's file showed Resident #1 had been diagnosed with during a hospitalization	A 030		

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A 030	Continued From page 117 in . . . . . . Interviewed on . . . . . at approximately 6:15 am regarding a reported black , that Resident #1 had recently had, Staff K stated, referring to a photo of the black , "That day I was off. I heard about it before that through texts. When I looked at it, it was dark, just like the picture. I wasn't sure if she . but if she . it should have been , but it was just dark." Staff K further stated that Staff E and Staff D had worked on the night that the black , had appeared, and that Staff C took over care of the resident the following morning. A review of photographic evidence revealed two pictures of Resident #1 with a black , and a photo of the resident's left arm with reddish brown, circular marks that appeared to be . According to the date of the photo, the black , was noted on , , ... Interviewed on . . . . . , the administrator stated that the black , was caused by Resident #1 rocking her wheelchair and falling over and hitting the of her . She stated that the injury didn't show up until the day after the . . A review of the resident record, the staff log, and facility incident reports found no documentation of a on , , . A progress notes dated showed that Resident #1's wheelchair had . . over backward due to the resident rocking it. The note stated that the resident had no injuries. There was no documentation that the resident received medical care or assessment after the . . Further review of Resident #1's record found no documentation of the resident having a black ,	A 030		

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A 030	Continued From page 118 or [redacted]. Interviewed on [redacted] at 8:32 AM Staff U (caregiver) stated regarding the black [redacted] of Resident # [redacted], have occurred in late [redacted] or early [redacted]. She stated that when she came to work the next day, the night shift worker, Staff D (caregiver) said that Resident #1 [redacted] out the bed. Staff U stated that Resident #1's daughter was notified, and that the Administrator, and the Director of Nursing about the injury were notified of the injury. Interviewed [redacted] at 12:10 PM, the Administrator, when asked for documentation of her investigation regarding Resident #1's black [redacted] stated that the investigation notes could be found on the facility's incident reports. A review of the staff log, internal incident reports and Adverse incident reports found no documentation of the resident having a black [redacted]. Interviewed on [redacted] at 1:55 PM, Resident #1's daughter/Power of Attorney for Health Care stated that she was not informed about the black [redacted]. She further stated that there was a lack of transparency at the building. She said, "The place is a hot mess." The daughter stated that she hired a nurse 24 hours per day/7 days per week because there was no care for her mother. The daughter stated that she paid $10,000.00 per month for six months for private care for her mother. The daughter stated that her mother transitioned to the 3rd floor within the prior 6 months and that she never received calls unless her mother had to be transported to the emergency room. The daughter stated, "Everything you want, they want you to pay them. My husband was there on [redacted],	A 030		

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A 030	Continued From page 119	A 030		

when my mother moved. My husband took photos on that day because my mother had a black , with stitches. The prior manager dismissed our concerns." The daughter stated that Staff C worked with them when she was off duty from the facility, until two months ago. The daughter stated regarding Staff C, "She is a very aggressive woman." The daughter stated that she was paying Staff C and another staff up to two months prior and when the money stopped flowing, she noticed that the care that Resident #1 was receiving declined.

On , the Office Manager at Resident #1's physician's office reviewed the Resident's file and stated that the doctor had not been notified that the Resident had a black ,

Interviewed on at 7:08 PM Staff AA stated that Staff C and Staff U were working the morning when she reported to work at 7:00 AM. Staff AA stated that Staff D worked the overnight shift. Staff AA Stated that Staff C who showed her Resident #1's black , . She stated, "When I came in, they had her facing the window. I cleaned up Resident #1's room because she [defecated] over her bed and floor. Staff C told me she wanted to show me what happened last night. I took pictures and told the Administrator and DON. What happened to Resident #1 was sometime in , on a Friday."

Interviewed on at 12:29 PM Staff D stated that she saw the black , and the Administrator called her about it. Staff D stated that the Administrator sent her a picture via her phone, and, she said "I told her I don't know about it." Staff D stated it was her and Staff E that cleaned up the fecal matter in Resident #1's room, but she could not remember the date.

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A 030	Continued From page 120 Interviewed on at 10:50 AM the Administrator denied that the residents were abused and stated that it was an allegation made by disgruntled employees. The Administrator stated, "We did not classify it as . That is why we did not report it. After interviewing the Certified Nursing Assistants (CNA), the resident (Resident #1) had an accident. We assisted her up off the floor. You guys had an allegation." 1b. Observation on at 5:40 AM found Resident #1 on the memory care unit alone in her room wearing a t-shirt and an adult brief. The resident was strapped into a wheelchair. The resident could not remove the without assistance and was crying and appeared to be very distressed. Interviewed on at 5:43 AM Staff K stated that she belted the resident in because the resident had gotten out of bed and was walking around with , and she was afraid the resident would and be injured. She stated that she had too many patients to care for and therefore, was unable to stay with the resident to make sure that she didn't . Staff K stated that she did not know a doctor's order was needed for the and that she recorded the resident with her personal cell phone. A review of Resident #1's record found no documentation of a doctor's order or care plan for . A review of facility records found no documentation of a policy or staff training regarding how staff would recognize signs of distress for restrained residents.	A 030		

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A 030	Continued From page 121 Observation on . . . . . at 6:55 AM found Resident #1 belted into the wheelchair again. The resident was seated alone at a table in the dining room. Interviewed on at 7:12 AM Staff V stated that she did not know who belted resident #1 into wheelchair and that it was probably the overnight staff. Interviewed on . . . . . at 10:50 AM the Administrator was asked about why Resident #1 was restrained again. The administrator did not respond. 3) A review of facility's internal incident reports revealed that Resident #3 was also found with unexplained on her arms on . . The report documented that the DON was notified of the . A review of Resident #3's records found no documentation of the injuries. There was no documentation that the resident received medical care for the injuries. Interviewed on . . . . . , the Administrator stated that she was not aware of the incident. A review of facility records found no documentation that the incident was investigated. A review of the facility's policy showed the following: " . . . . . neglect or . , ... of a resident and/or failure to report the suspicion or knowledge of same by a facility employee is considered unacceptable conduct and may result in disciplinary action, up to and include termination. Any resident, family member, or	A 030		

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A 030	Continued From page 122 caregiver who feels they have been subjected to , neglect or , or anyone who has witnessed , neglect, or , has the right and responsibility to report information and to pursue their concerns through a formal process to have their concerns investigated. All residents, their family members, and caregivers shall be notified on admission of the State's , Neglect, or , Hotline contact information. Employees at the facility must report , neglect, or , of residents, where the employee knows or suspects that such , neglect, or , has occurred. This includes dependent adults, elders, spousal or partner , neglect, or , . Facility staff shall receive in-service training on , neglect, or , detection reporting within 30 days of employment and more often if necessary." Class I	A 030		
A 032 SS=E	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)	A 032		

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PLAZA AT PARKSQUARE (THE)	2940 NE 207 STREET AVENTURA, FL 33180

(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 032	Continued From page 123 (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family,	A 032		

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A 032	Continued From page 124 guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow its policies and procedures regarding elopement after two of 118 sampled residents (Residents #33 and 116) left the facility without staff knowledge. Findings include: 1) A review of facility records revealed an incident report dated , which showed that Resident #33 went through the front door (lobby) and went on the busy street. Then, a staff member went after the resident and caught her at the time when Resident #33 was stepping right into a moving car. A review of Resident #33's health assessment completed on showed medical history and diagnosis of without behavioral disturbance and . The or behavioral status section showed the resident had a moderate , . Resident #33 was identified as not at risk for elopement. The resident needed assistance with the self-administration of medication. On at 10:57 AM, the Administrator stated that she heard about Resident #33	A 032		

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A 032	Continued From page 125 . . . . ˬ in the building, but that happened before she began working at the facility. When asked when she started working at the facility, the Administrator stated that she began on . . . . Per facility records, the incident occurred on . On at 10:57 AM, the Administrator stated that after an elopement, the physician would come to the facility to evaluate the resident. On at 1:37 PM, during a telephone interview with Resident #33' son, he stated that his was aware that his mother had eloped from the facility a couple of times. He said that could not remember the exact date but during the latest occasion, his mother went about a . . . away, then, tripped and scraped her . He further stated that the resident was not taken to the hospital. Instead, she was brought to the facility and treated there. A review of the resident record found no documentation of the incident. There was no documentation that the resident received a medical evaluation or care. There was no documentation of an updated health assessment . There were no documented elopement precautions put in place for the resident. 2) A review of Resident #116's record revealed the following progress notes dated : "Staff reported approximately 6:37 AM she found resident ˬ outside the staff entrance of the building. She stated he seemed very and didn't know where he was going. Staff directed the resident to wellness, and he was escorted to his room by Staff. Further review	A 032		

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A 032	Continued From page 126 showed no documentation of Resident #116 health assessment. On at 10:57 AM, the Administrator stated that after an elopement, the physician would come to the facility to evaluate the resident. A review of the resident record found no documentation that the resident received a medical evaluation or care. There was no documentation of an updated health assessment. There were no documented elopement precautions put in place for the resident. Class III	A 032		
A 033 SS=F	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of	A 033		

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A 033	Continued From page 127 this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure residents for whom a physician has prescribed a physical have a written care plan for the use of the physical (bed rails) for two out of 118 sampled residents (Resident #88 and #1). Findings Included: 1) Observation on at 9 AM revealed Resident #88 at in bed with full bed rails. Review of Resident #88's record revealed no documentation that a care plan was implemented for the use of the (bed rails). During an interview on at 9:43 AM the administrator stated, "I didn't know about this new regulation." 2) Observation on at 5:40 AM revealed Resident #1 seated in a wheelchair alone in her room wearing a shirt and adult briefs secured by a , belt that she could not remove without staff assistance. Further observation revealed Resident #1 was crying and appeared very distressed. During an interview on at 5:43 AM Staff	A 033		

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A 033	Continued From page 128 K stated "I put her in the wheelchair at around 5:30 AM. I didn't know that a doctor's order was needed for the . . . . . The resident was out of bed before 5 am. Staff sometimes leave [Resident #1] belted in the chair when there are 2 staff on duty, otherwise they cannot care for the other residents. I don't want [Resident #1] to . and get hurt but I cannot stay with her." Observation on at 6:55 AM revealed Resident #1 belted in a wheelchair in the common area on the memory care unit. During an interview on at 7:12 AM Staff V stated "I don't know who belted [Resident #1] into the wheelchair. It was probably the overnight staff." Review of Resident #1's record revealed no documentation that a care plan was implemented for the use of the . . . . . During an interview on . . . . . at 11:03 AM the administrator stated, "We are making an assistive device and physical . . . . policy now. Class III	A 033		
A 034 SS=F	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a	A 034		

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A 034	Continued From page 129 resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure they had policies and procedures for resident's assistive devices for three out of 118 sampled residents (Resident#3, #97 &Resident #108). Findings included: During an interview on . . . . . at 6:25 AM, Staff L stated "[Resident #2] got up walking, holding the walker. She held the walker, and the handle came out. The broken walker is still in the room." Observation on at 7:46 AM revealed Resident #108 ambulating in the hallway using a walker. Observation on at 9:15 AM revealed Resident #97 ambulating in the hallway using a walker. Review of facility policies and procedures as well as Residents #2, 97 and 108's record revealed no documentation of assistive device policies and procedures that included the requirements and methods for assessing the physical condition of	A 034		

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A 034	Continued From page 130 assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. During an interview on at 9:43 AM the administrator stated, "I didn't know about this new regulation." During an interview on at 11:03 AM, the administrator stated "We are making an assistive device and physical policy now." Class III	A 034		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the	A 052		

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A 052	Continued From page 131 resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route.	A 052		

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A 052	Continued From page 132 (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.	A 052		

Agency for Health Care Administration

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A 052	Continued From page 133 and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and	A 052		

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A 052	Continued From page 134 dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow proper procedures as it relates to the assistance with self-administration of medications for one out of 116 sample residents (Resident #100). Finding include A review of Resident #100's 1823 AHCA Health Assessment dated showed that the resident had a medical history and diagnoses of , gait abnormality, , and (ASHD). The resident needed assistance with self-administration of medications. In an interview on at 9:30 AM, Staff P stated that she was going to crush the medications for Resident #100. A review of the resident record showed there was no medical order to crush the resident medications.	A 052		

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A 052	Continued From page 135 At 9:30 AM on , during mediation observation, it was observed that Staff P crushed the medications from the pack and placed the medications inside the apple sauce. The staff mixed the medications and apple sauce and fed it to Resident #100 by placing it in her . After she administered the medication, the staff signed the medication observation record. Class III	A 052		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be	A 053		

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A 053	Continued From page 136 maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that a licensed staff administer the medications for one out of 116 sample residents (Resident #6). Finding include: 1) A review of Resident #6 1823 AHCA Health Assessment dated , showed that the resident has a medical history and diagnosis of right heel , , , and , . As for activities of daily living, the resident required assistance with all her activities of daily living (ADL). As for medications, the resident required medication administration. A review of Resident # Medication Observation Record (MOR) on , showed that all the resident medications were administered by the medication technicians. The medication technicians are not licensed nurses.	A 053		

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	AL11969444	A. BUILDING: _____ B. WING _____	07/12/2022

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A 053	Continued From page 137 In an interview with Staff W on [redacted] at 10:10 AM, Staff W stated that she gave Resident #6 her medications. When told that the resident required medication administration, Staff W stated, "I did not know". In an interview with Staff B on [redacted] at 10:45 AM, Staff B stated that doctors make that error all the time, marking medication administration in the health assessment instead of assistance with self-administration of medication. 2) Observation on [redacted] at 7:09 am during medication pass revealed that Staff U (Medication Technician) while providing medications to Resident #5: put the medications in a spoon and placed the spoon into the resident's [redacted] after identifying them. The resident did not assist at all. Medications administered: Certirizine 10 mg, [redacted] 100 mg, [redacted] 20 mg, [redacted] 100 mg, [redacted] 100 mg, [redacted] 0.5 mg. On [redacted] at 7:15 am, Staff U confirmed that she was not a nurse or any other type of licensed health care worker. She stated that she must administer the medications to all 15 residents on the memory care unit because none of them could assist with their own medications. Observation on [redacted] at 9:27 AM revealed Staff P administering crushed medication to Resident #107. The resident was unable to be interviewed. A review of the resident record found no documentation of a crush medication order. Observation on [redacted] at 9:30 AM revealed Staff P providing medication to Resident #8 . The	A 053		

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A 053	Continued From page 138 staff sanitized her . . . . , named the medications and dosage. The staff stated that she was going to crush her medications outside of her room. She crushed the medications from the packs and bottles and placed them in a cup, mixed it with apple sauce, mixed it up and fed it to the resident by placing it in her . . . . After she administered it in the resident's , she signed the electronic MOR. A review of the resident record found no documentation of a crush medication order. A review of Staff P's record showed no documentation of Staff P having a medical license. Interviewed on at approximately 9:35 am, Resident # 8 stated to Staff P that she was not receiving her . . . . . Resident # 8 stated that they don't bring it every day. Resident # 8 stated that since last week, they didn't give her to her. Resident # 8 stated, "I did not complain because I had some . . . . . from when I was in rehabilitation. I take the three time per day. I have . , . . . , . and some of the Med-Techs don't know what there are doing. One med-tech let the nozzle touched my . , . . Class III	A 053		
A 054 SS=H	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing	A 054		

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A 054	Continued From page 139 pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an accurate and up to date Medication Observation Record (MOR) for 12 out of 116 sample residents (Resident #1, Resident #2, Resident #5, Resident #7, Resident #10, Resident #11, Resident #13, Resident #16, Resident #17, Resident #50, Resident #110, and Resident #111). Finding include: A.	A 054		

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A 054	Continued From page 140 A review of Resident #1's MOR on .. .. showed that staff did not sign the MOR on multiple occasions. The MOR did not include the resident .. .. history nor the physician telephone number. A review of Resident #'s MOR on .. .. showed that staff did not sign the morning medications on several occasions. The MOR did not include the resident .. .. history nor the physician telephone number. A review of Resident #5's MOR on .. .. showed that staff did not sign the MOR on several days. A review of Resident #7's MOR on .. .. showed that the staff did not sign the morning medications on . A review of Resident #10's MOR on .. .. showed that the staff failed to sign the MOR on several days. A review of Resident #11's MOR on .. .. showed that the staff failed to sign the MOR on several days. A review of Resident #13's MOR on .. .. showed that the staff failed to sign the MOR on several days. A review of Resident #16's MOR on .. .. showed that the staff have not sign the MOR since . A review of Resident #17's MOR on .. .. showed that the staff did not sign the MOR on several days.	A 054		

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A 054	Continued From page 141 A review of Resident #50's MOR on [redacted] showed that the staff did not sign the MOR on several days. A review of Resident #111's MOR on [redacted] showed that the staff did not sign the MOR on several days. In an interview at 10:45 AM, Staff B stated that she did not know why the MOR were not signed by the medication technicians. B. A review of Resident #110's Health Assessment dated [redacted] showed that the resident has a medical history and diagnosis of [redacted], and [redacted]. As for medications, the resident required assistance with self-administration of medications. A review of Resident #110's Physician Order Sheet dated [redacted] showed that the resident had a medical order for: [redacted] 10 mg take one tablet once daily on Monday, Wednesday, and Friday ([redacted]). A review of Resident #110's MOR on [redacted] showed the following medication order: [redacted] 10 mg take one tablet once daily on Monday, Wednesday, and Friday ([redacted]), but it showed that the medication should be given twice a day at 8:00 AM and 5:00 PM. The medication technicians were providing this medication to the resident daily at 8:00 AM and 5:00 PM. A review of the National Library of Medicine showed that [redacted] is used alone or in	A 054		

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A 054	Continued From page 142 combination with other medications to treat high , in adults and children 6 years and older. It is also used to treat certain types of ( ) and , , (narrowing of the that supply to the). Finally, symptoms of overdose may include , fainting, and rapid heartbeat. In an interview on at 10:45 AM, Staff B that she did not know anything about it. Class II	A 054		
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;	A 055		

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A 055	Continued From page 143 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 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	A 055		

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A 055	Continued From page 144 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 by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that all medications were centrally stored and kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area always. (8 out of 118 sample residents) Resident #89, 110, 111, 106, 61, 35, 5 and 14. Findings included: On . . . . 22 at 5:30 AM at the time of arrival at the facility and went to the Nurse station on second floor. Door was unlocked and on a carton box on top of the counter were bags with medication for different residents. Resident #89- , , . . . 200 mg, Resident	A 055		

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A	Continued From page 145 #110-Sevelamer500 mg, Resident #111- 500 mg, Resident #106- 25 mg, and Resident #61- 25 mg. On at 11:00 AM in the resident's # , Resident #35, on top of the table in the living room were the following medications: Diskus 250-50 1puff by every 12 hours, 80/4.4-2puffs inhalation ones a day, 90 mcg, and over the counter medication (OTC) Extra Strength 500/mg. On at 10:58 AM Resident #35 stated, "That medication I always have it with me because I can administer to myself with no problem, only some pills are the ones that come to give me them." On at 7:20 AM Staff W could not find the 20 mg twice a day and 100 mg daily for Resident# 5. She found the medications at 8:24 AM; she stated that she was nervous and that she would give those 2 medications now. On at 7:20 AM Staff W took a 5% patch out of the medication drawer and put it on top of the med cart stating that she would have to take the resident to her room to apply the path, and then went to give the resident the medications leaving the unlocked cart unattended. She returned to the med cart at 7:30 AM and grabbed the patch and took the resident to her room to apply it. Class III	A 055		

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A 056	Continued From page 146	A 056		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must	A 056		

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A 056	Continued From page 147 be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and,	A 056		

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A 056	Continued From page 148 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a medication that was ordered by a medical provider for one out of 116 sample residents (Resident #3). Findings: A review of Resident #3's Health Assessment dated [redacted] showed that the resident had a medical history and diagnoses of [redacted] of common bile duct, [redacted], and [redacted] and [redacted]. The resident is under hospice care. The resident needed assistance with self-administration of medication. A review of Resident #3's [redacted] Medication Observation Record (MOR) on [redacted] MOR showed that the resident had a medical order for: [redacted] 1,000 mcg/ml inject 1 ml [redacted], each month. The medication was due on [redacted]. According to the MOR, the medication was not administered. Staff U's documented reason for not administering the medication was "other". A review of the MOR showed no documentation of a licensed health care provider giving the injection.	A 056		

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A 056	Continued From page 149 A review of National Library of Medicine showed that , Injection is used to treat and prevent a lack of that may be caused by any of the following: , (lack of a natural substance needed to absorb from the); certain , , or medications that decrease the amount of absorbed from food. Lack of may cause (condition in which the do not bring enough to the) and permanent damage to the . In an interview with Staff B on at 10:45 AM, Staff B stated that that she did not know what happened. Class III	A 056		