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
	AL11966829	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT CAROLINE GARDENS, LLC	9150 FORT CAROLINE RD JACKSONVILLE, FL 32225

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A 000	Initial Comments A biennial re-licensure survey was conducted in conjunction with a complaint investigation (complaint number #2021011076) at Fort Caroline Gardens, LLC on [redacted] and [redacted]. Deficiencies were identified at the time of survey. .	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) [redacted] CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of [redacted]. (a) The facility must implement a [redacted] hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or [redacted] hygiene may include the use of [redacted]-based rubs, [redacted], handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an [redacted] exposure to transmissible agents in [redacted], nonintact skin, and mucuous [redacted] during the provision of personal services. Standard precautions include: [redacted] hygiene, and dependent upon the exposure, use of gloves, gown, mask, [redacted] protection, or a [redacted] shield. (c) The facility must clean and [redacted] reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations.	A 036		

AHCA Form 3020-0001

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

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A 036	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to must provide services in a manner that reduces the risk of transmission of . The findings include: Upon entering the facility on at 9:30 am, Employee B, the Resident Care Director (RCD) confirmed there were nine residents in the facility who were COVID positive. She stated these residents were being , in their rooms. She explained that a N95 ., was required to be worn while in the facility due to the outbreak status. During an observation of lunch being served in the main dining room on at 12:06 pm, four staff members were observed assisting residents with their meals. None of the staff members were wearing an N95 ., . Each staff member was wearing a standard surgical mask without any other covering. On at 12:31 pm, Employee E was observed rolling a cart from the dining room to the North Wing of the facility with meals and drinks in uncovered Styrofoam bowls and cups. During another observation on at 12:34 pm, Resident #12, identified as COVID positive, was observed sitting in her room with the door open. From the hall, Resident #12 could be heard coughing loudly and sniffling. The resident was observed exiting her room maskless. She proceeded to walk down the hall, maskless, through the main room of the North Wing where eight other maskless residents were seated. The	A 036		

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A 036	Continued From page 2	A 036		

resident then headed toward an exit door in the main area which led to the outside of the facility.

The Resident Care Director (RCD) appeared on the unit and successfully redirected the resident to her room. During this time the RCD did not don personal protection equipment (PPE). A PPE bin was observed along with COVID postings, including proper instructions for donning and doffing PPE was observed on the resident's door. Once the resident was inside of her room, the RCD exited the resident's room, leaving the door open, then left the unit.

After the RCD left the unit, Employee E, was observed approaching Resident #12's room door carrying a meal tray. Employee E, placed the tray on a table outside of the room, pulled PPE from the bin outside of the resident's room, donning gown and gloves. She did not have on , shields or a covering. When donning the gown, she failed to tie the upper strings around the of the gown. She carried the tray into the resident's room, closing the room door behind her. Upon exiting the room, Employee E was observed doffing the gown and gloves, discarding them in a bin inside near the door of the resident's room.

On at 12:42 pm, North Wing Employee E was observed delivering a meal to Resident #11. Resident #11 was observed lying on a mattress on the floor of his room. Employee E told the resident it was time for lunch. The resident sat up on the mattress, she handed the resident the bowl, then squatted down to the floor next to the resident holding a cup containing his beverage. There was no observation of Employee E practicing hygiene. As she assisted Resident #11 with his meal, Employee E stood up

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A 036	Continued From page 3 from the floor, adjusted her clothing, then squatted down to the floor and continued to assist Resident #11 with his meal. Again, she was not observed practicing hygiene. On at 12:55 pm, Resident #12 was observed exiting her room again mask less. The RDC returned to the unit then approached the resident without wearing proper PPE. After redirecting the resident to her room, the RDC stood outside of the resident's door, attempting to encourage her to stay inside of her room. The resident's door remained open, and the resident continued to exit seek. After standing outside of the resident's room door for an undetermined amount of time, the RDC began to don PPE from the BIN outside of the resident's room door. On at 2:51 pm the door to # on the South Wing was observed open. A PPE bin along with COVID postings, including proper instructions for donning and doffing PPE, was observed on the door. A resident was observed inside of the room without a mask or . . . covering. While standing in the hall leading to . . # , an isolation room, three staff members (later identified as a housekeeper, Med Tech, and a Caregiver) walked past . . # failing to close the door. During a tour with the Administrator of the South Wing on . . . . . at 5:39 pm the door of . . # , an isolation room, was observed open. The Administrator walked past the room. When he was asked if the resident was still on isolation, he replied, yes. He then reached inside the room and closed the room. He did not sanitize his . . . after doing so.	A 036		

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A 036	Continued From page 4 Observed warning sign affixed to each isolation room door advising: "STOP! Only designated staff & personnel are to enter this room. CONTACT & AIRBORNE PRECAUTIONS Everyone must *Clean their . . . including before entering and when leaving the room *Don PPE of gloves, gown, fit-tested N95 mask, and goggles or shield before room entry and discard immediately after room exit *Do not wear the same PPE for the care of more than one person *Use dedicated or disposable equipment. Clean and . . . . reusable equipment after each use. STOP! COVER YOUR . . . . " (Photographic evidence obtained) During an interview with Employee B, RCD on . . . . . at 4:15 pm, she stated, "With COVID in the building all staff and the residents who are willing are required to wear N95's." She stated if the resident is non-compliant with mask wearing, they must , ... in their room for 10 days. She confirmed all the room for COVID positive residents should remain closed. She explained that the facility does not currently have any designated staff to work with COVID positive residents. During an interview on at 4:39 pm with Employee E, a Med Tech, she stated she had received training on Control. She stated residents who test positive for COVID are , . . in their rooms at all times. She explained the room door of an isolation room should remain closed. When asked about hygiene, she stated, she should wash her . . and put on gloves before giving meals. When	A 036		

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A 036	Continued From page 5 asked about the observation of her adjusting her clothing while feeding Resident #11, she confirmed the action occurred and stated she should have practiced hygiene and put on clean gloves. Review of the facility's policy on Control revealed: Transmission Based Precautions: *Contact Precautions: intended to prevent transmission of agents that spread by direct or indirect contact with resident or the resident's environment. Staff caring for residents on Contact Precautions should wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. *Droplet Precautions: Intended to prevent transmission of spread through close or contact with . Staff caring for residents on Droplet Precautions should wear a mask for close contact with the resident. Consider adding goggles or a shield to protect from exposure to droplets, especially when caring for residents with significant or . *Airborne Precautions: Intended to prevent transmission of agents contained in particles that remain suspended in air and can be over long distances. Staff caring for residents on Airborne Precautions should wear a fit-test National Institute for Occupational safety and Health (NIOSH)-approved N95 or higher level . Procedures to enter the room with Contact/Airborne Precautions:	A 036		

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A 036	Continued From page 6 Only specifically designated staff is to enter the room. Ensure resident is wearing a . . . mask before entering the room. Use personal protective equipment (PPE) appropriately. Before entering the isolation are (including designated bathroom) Wear a gown and gloves for all interactions that may involve contact with the patient or the patients environment. *Perform . hygiene and then put on appropriate PPE. (Contact PPE is gown and gloves: Airborne PPE is gown, gloves, fit-tested N-95 mask, and goggles or shield) before entering the isolation room. (Photographic evidence obtained) Class III .	A 036		
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, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.	A 052		

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A 052	Continued From page 7 (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper 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 . (4) Assistance with self-administration of medication 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. (c) Administration of medications by way of a tube	A 052		

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A 052	Continued From page 8 inserted in a [illegible], of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] 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 [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with	A 052		

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A 052	Continued From page 9	A 052		

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 dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of

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A 052	Continued From page 10	A 052		

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 observations, interview and record review, the facility failed to orally advise the name and dosage of medications prior to giving it to 5 of 7 residents observed during medication assistance. (Resident #1, #2, #3, #8 and #5)

The findings include:

An observation of medication assistance was conducted on [redacted] with Employee D, a Medication Technician (Med Tech). Employee D was observed providing assistance with self-administration of medication for: Resident #1 at 10:40 am, Resident #2 at 10:49 am, Resident #3 at 10:55 am, Resident #8 at 1:10 pm, and Resident #5 at 2:03 pm. During each observation, Employee D failed to verbally advise the resident receiving assistance with the name and dosage of the medication prior to giving the resident the medication.

During an interview on [redacted] at 3:49 pm with Employee B, the Resident Care Director (RCD), she stated, she teaches the process for providing assistance with self-administration of medication to the Med Techs in the facility. She stated the process is based on Agency for Healthcare

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A 052	Continued From page 11 Administration (AHCA) standards. She stated, "They need to tell them the name of the medication and what it's prescribed for." She stated the Med Tech should pull the medication from the cart, compare it to the record, verbally tell the resident what they are dispensing [the medication and its use], then pop it into the pill cup. She added, "There's a checklist of things they're allowed to assist with and daily to do sheet. It gives them an overview of rules that they are to follow." She stated, "There's a passing meds policy that we teach, and make sure they follow. It's based on the AHCA website. It's our training that they have to go through with each Med Tech." Based on a record review of the job description and guidelines for a Med Tech in the facility provided by Employee B, job duties included: "Consistently performs assistance with resident medication as outlined in state regulations". Performance expectations included: "Ability to perform job duties as outlined by FL Statute 58A-5.0185." (Photographic evidence obtained) Based on a record review of the Daily Worksheet Check Off provided, by Employee B, tasks during shift included: "Med pass is not a sprint it is a marathon, please do not rush, please take time to name medication to the resident and administer proper dosage". This documentation is signed by all staff providing assistance with self-administration of medication. Class III .	A 052		

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A 093	Continued From page 12	A 093		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (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	A 093		

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A 093	Continued From page 13	A 093		

facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(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

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	AL11966829	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORT CAROLINE GARDENS, LLC	9150 FORT CAROLINE RD JACKSONVILLE, FL 32225

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 093	Continued From page 14 food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of . . . . . 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 . . (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 . . 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 and interview, the facility failed to ensure a 3-day supply of nonperishable food, based on the number of weekly meals the facility has . . . . . with residents to serve, was on . The findings include: On at 12:06 pm, a room identified by Employee C, the Assistant Administrator and Dietary Manager, as the food storage room was	A 093		

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A 093	Continued From page 15 observed with random cans of miscellaneous food items. The number of items observed did not appear to be sufficient for a three-day supply (9 meals) for the 74 residents currently living in the facility. At the time of the observation, Employee C was asked if this was all the emergency food, she responded, "Yes." During an interview on ..... at 1:16 pm, Employee C was asked for the policy and procedures for food service and/or preparation. She stated the facility didn't have anything. When asked about the menu for the emergency food, she stated there was not a menu. She was asked about the observation of food identified as the emergency food supply. She confirmed that the food was not sufficient for three days based on the current census adding the facility has a struggle finding enough space for food storage. Class III .	A 093		
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	A 162		

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A 162	Continued From page 16 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 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,	A 162		

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A 162	Continued From page 17	A 162		

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 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:

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A 162	Continued From page 18 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 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 ensure that resident records contained documentation of the , , ... of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable for 1 of 2 resident records reviewed. (Resident #11) The findings include: During a record review for Resident #11, documentation including Resident Contract,	A 162		

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A 162	Continued From page 19 Acknowledgement and Agreement for Resident Guidelines and Consent to Assist with Medication by Unlicensed Personnel, were all observed to be signed by the resident's spouse. Further review of the resident's record revealed there was no documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney in the record. During a phone interview with the spouse of Resident #11, she was asked about signing the documentation and power of attorney. She stated she did not have power of attorney. She stated when Resident #11 was admitted into the facility he "was in his right mind" and they "really didn't need it." She confirmed that she signed the admission documents but did not state why this was done. She stated the process to become power of attorney after Resident #11 declined was "too expensive" and therefore she had not pursued it. During an interview on . . . . . at 4:03 pm with Employee B, Resident Care Director (RCD), she stated when Resident #11 was admitted into the facility he was of sound mind and signed all his own documents. After showing Employee B all the documents from the resident's record which were signed by the resident's wife. She paused and asked to take the file, then exited the room. On at 4:05 pm, Employee B returned to the conference room with the resident record and confirmed there was no power of attorney on file. Class III .	A 162		