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
	AL11966458	A. BUILDING: _____ B. WING _____	C 09/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 N 40 STREET NORTH TAMPA, FL 33610

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CZ841 SS=C	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and	CZ841		

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

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CZ841	Continued From page 2 providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a visitation policy and procedures for visitors within thirty days of the effective date of the act under part 1 of chapter 429, Florida Statute. Findings Included: During an interview with Resident #1's Power of Attorney, conducted on at 02:45pm, Resident #1's Power of Attorney stated that the facility would not allow in-room visitation with Resident #1 in . . , ... A review for the facility's in-person visitation policy and procedures revised , conducted on . . . . . , revealed that the facility's in-person visitation policy and procedures made no reference to consensual physical contact. There was no designation of the person responsible for ensuring that staff adhered to the policy and procedures. The policy and procedures disallowed in-room visitations with residents that had shared rooms with residents. There was no reference to allowing in-person visitation for the following circumstances: - End-of-life situations - A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support - The resident, client, or patient is making one or more major medical decisions - A resident, client, or patient is experiencing	CZ841		

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CZ841	Continued From page 3 emotional distress or grieving the loss of a friend or family member who recently - A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver - A resident, client, or patient who used to talk and interact with others is seldom speaking During an interview with the Administrator, conducted on [redacted] at 02:45pm, the Administrator agreed that the visitation policy and procedures was the current visitation policy and procedures for the facility and that there was no other visitation policy and procedures. Class III	CZ841		
A 000	Initial Comments A complaint investigation (complaint number: 2022011975 and 2022012381) and a generator monitoring were conducted at Central Tampa Assisted Living on [redacted]. Deficiencies were identified at the time of survey.	A 000		
A 025 SS=G	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 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 must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the	A 025		

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A 025	Continued From page 4	A 025		

facility must notify the resident's representative or designee of the need for health care services and must assist in making [illegible] 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 resident is discharged or moves out.
(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses

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A 025	Continued From page 5 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 observation, record review and interview, the facility failed to assist in obtaining appropriate health care for dental services and failed to notify primary care physician and responsible parties of the need of dental services resulting in consistent and significant loss. Furthermore, the facility failed to assist a memory care resident with appropriate footwear for two of two (Resident #1 and #30) sampled residents. Findings Included: During an interview with Resident #1's Guardian, conducted on at 02:45pm, the Guardian stated that Resident #1's bottom canine had been broken over a year. This was needed to secure the resident's and was unable to wear her due to the broken . The Guardian stated that facility kept telling her that they attempted to get Resident #1 on the list to be seen by the mobile dentist at the facility. The Guardian stated that Resident #1 was had difficulty eating due to the inability to wear her . The Guardian stated that no one at the facility had notified her that Resident #1 had lost . During an interview with Staff A, conducted on at 10:15am, Staff A stated that the facility had a mobile dentist that came to the facility about every three to six months to care for residents' dental needs. Staff A stated that Residents #1 and #4 had ongoing dental issues	A 025		

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A 025	Continued From page 6 and that the facility had to get in touch with their State, insurance company to get the process going. During an observation of Resident #1, conducted on at 11:20am, Resident #1 had difficulty speaking plainly and was slurring her words. Resident #1 was lying in bed with her on the pillow. Resident #1 had no lower in her , and it was evident that she only had one of two bottom canine . During an interview with Resident #1, conducted on at 11:20am, Resident #1 stated that she had been without the use of her bottom because she was unable to wear them due to the broken . Resident #1 stated that the had been broken for about a year and she had not seen a dentist. Resident #1 stated that the facility won't help her to see a dentist. Resident #1 stated that it was difficult for her to eat without the use of her . A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to the facility on . Resident #1's record contained a court document that established a guardian for the resident. Resident #1 in , in , and in . There was no evidence that Resident #1's primary care physician and guardian were notified of the residents consistent and significant loss. A review of the Shushoo Notebook, conducted on , revealed that the Shushoo Notebook was a documentation system in place used by the facility that documented resident refusals and notifications. There was no documentation in the	A 025		

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A 025	Continued From page 7 Shushoo Notebook that Resident #1 refused dental services or that the facility made notifications to Resident #1's primary care physician and guardian regarding refusal for dental care. A review of the most recent mobile dental list, conducted on , revealed that Resident #1 was not listed to be seen by the mobile dentist. During an interview with Staff E, the Wellness Coordinator, conducted on at 02:56pm, Staff E stated that Resident #1 refused dental treatment a couple of weeks ago and that the resident was up and eating every day. Staff E stated that the facility notified residents' primary care physician and responsible parties when residents refuse services. Staff E stated that the facility did not notify Resident #1's primary care physician and Guardian with the resident's loss. Staff E stated that all their residents saw the mobile dentist that came to the facility unless services were refused. Staff E stated that if the resident's insurance did not cover the mobile dentist, the resident may refuse the service due to the out-of-pocket costs. Staff E stated that Resident #1's insurance company covered the mobile dental services. During an interview with the Administrator, conducted on at 04:10pm, the Administrator was unable to provide evidence that Resident #1's primary care physician and Guardian were notified of her consistent and significant loss. During an observation at 11:57am, Resident #30 was escorted to the dining room arm in arm with a home health aide. Resident #30 had on a grippy	A 025		

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A 025	Continued From page 8 sock and the grippers were to the top of her left . Resident #30's right was bare. The home health aide brought Resident #30 into the dining room. There were two unidentified facility staff sitting in chairs at the dining room entrance. None of the staff assisted Resident #30 with appropriate footwear. During an interview with Resident #7, conducted on at 09:35am, Resident #7 stated that staff take a long time to respond to her needs and requests. During an interview with Resident #5, conducted on at 12;34pm, Resident #5 stated that sometimes the staff do not provide requested items and say will do something and don't do it. Class II	A 025		
A 026 SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of	A 026		

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A 026	Continued From page 9 communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide an ongoing activities program, which encouraged all residents to participate in social, recreational, education, and other activities within the Facility. Findings Included: During an interview with Resident #1's Power of Attorney, conducted on . . . . . at 02:45pm, Resident #1's Power of Attorney stated that the facility no longer offered activities to residents since the activity's person left employment. Observations throughout survey, conducted on from 09:00am through 04:45pm, revealed that there were no activities offered to	A 026		

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A 026	Continued From page 10	A 026		

residents. Residents were [illegible] about the facility. Some residents were in bed. Some residents were gathered in television rooms watching television. Some residents were outside in the gazebo or other smoking areas.

A review of the posted activity calendar, conducted on [illegible], revealed that there were two activity calendars posted and both were dated [illegible].

During an interview with Resident #7, conducted on [illegible] at 09:35am, Resident #7 stated that there were no activities provided by the facility.

During an interview with Resident #2, conducted on [illegible] at 10:00am, Resident #2 stated that the facility does not provide activities except for television.

During an interview with Resident #28, conducted on [illegible] at 11:10am, Resident #28 stated that the facility did not offer any activities for residents.

During an interview with Resident #1, conducted on [illegible] at 11:20am, Resident #1 stated that there were no activities provided by the facility.

During an interview with Resident #3, conducted on [illegible] at 11:35am, Resident #3 stated that the Activity Director resigned a few months ago and there were no longer activities provided by the facility.

During an interview with Resident #29, conducted on [illegible] at 11:40am, Resident #29 stated that the facility used to offer activities but no

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A 026	Continued From page 11 longer offers any and that resident watch television or smoke. During an interview with Resident #4, conducted on [redacted] at 12:17pm, Resident #4 stated that the residents did not have any activities except for television or games that they could play on their own. During an interview with Resident #5, conducted on [redacted] at 12:34am, Resident #5 stated that there were no activities at the facility since the activities person quit. During an interview with Resident #6, conducted on [redacted] at 01:26pm, Resident #6 stated that the Activity Director no longer works for the facility and that there were no longer anymore activities. Resident #6 stated that the residents just watch movies. During an interview with Staff C, conducted on [redacted] at 10:15am, Staff C stated that the facility did not have a current activity person and that the facility did not provide any activities to residents right now. During an interview with the Business Office Manager, conducted on [redacted] at 12:15pm, the Business Office Manager stated that the facility provided live entertainment every last Friday of every month. The Business Office Manager stated that the live entertainment was the only scheduled activity provided by the facility and was unsure about daily activities offered to residents. During an interview with the Administrator and Staff E, the Wellness Coordinator, conducted on [redacted] at 02:56pm, the Administrator and Staff E stated that the facility had to get rid of the	A 026		

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A 026	Continued From page 12 activities person and that the facility was attempting to hire a replacement but was unable to find anyone that wanted to work in a limited mental health facility. The Administrator and Staff E stated that resident could participate in independent activities and that the staff interact with the residents but had limited time. Class III	A 026		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:	AL243		

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AL243	Continued From page 13 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up	AL243		

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AL243	Continued From page 14 to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based upon record review and interview, the facility failed to ensure that employees had received the required 6-hours of limited mental health (LMH) training provided and approved by a State Agency within six months of employment for one employee (Staff D) of four sampled employee. Findings Included: A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence that the employee had completed the required 6-hours of LMH training provided and approved by a State Agency within six months of employment. Staff D was hired on . During an interview with Staff E, Wellness Coordinator, conducted on at 03:15pm, Staff E agreed that Staff D had worked for the facility for more than one year and there was no evidence of the required 6-hours LMH training that was provided and approved by a State Agency in the employee's record.	AL243		

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AL243	Continued From page 15 Class III	AL243		
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. (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.	A 052		

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A 052	Continued From page 16 (g) Assisting with the use of a [illegible], including removing the cap of a [illegible], opening the unit dose of [illegible] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [illegible]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [illegible], converting, or [illegible] 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 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	A 052		

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A 052	Continued From page 17 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. 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	A 052		

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A 052	Continued From page 18 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 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 ensure proper assistance with self-administration of medications according to the required steps outlined in 429.256 Florida Statutes by not popping pills from medication packs in the presence of the residents, not reading medication names and doses from the medication labels and not ensuring that the provided medication is provided to the proper resident for five Residents (#5, #6, #8, #9, and #29) of five sampled residents that	A 052		

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A 052	Continued From page 19 required assistance with self-administration of medications. Findings Included: During a medication pass observation with Staff C (an unlicensed Medication Technician) with Residents #6, #8, and #9, conducted on [redacted] at 10:47am and 01:02pm through 01:05pm, Staff C did not read the medication names and dose of the medications to Residents #6, #8, and #9. Staff C popped the pills from the medication cart and there was no resident present. Staff C assisted Resident #6 with her prescribed [redacted] 20 milligrams (mg), [redacted] 20mg, [redacted] 75mg, [redacted] 25mg, [redacted] 100mg, [redacted] 5mg, [redacted] D3 5000units, [redacted] 25mg, [redacted] 50-100mg, [redacted] 20-12.5mg, [redacted] 15 milliliters (ml), [redacted] 75mg, and [redacted] 20mg. Staff C assisted Resident #8 with his prescribed [redacted] 500mg. Staff C assisted Resident #9 with his prescribed [redacted] 120mg, [redacted] 50mg, [redacted] 0.5mg, and [redacted] 325mg During an interview with Resident #29, conducted on [redacted] at 11:40am, Resident #29 stated that the unlicensed Medication Technicians don't tell him the names of the medications that they give him. During an interview with Resident #5, conducted on [redacted] at 12:34pm, Resident #5 stated that when he runs out of his medication for his [redacted], the staff give me Resident #8's medication.	A 052		

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A 052	Continued From page 20 During an interview with Staff E, the Wellness Coordinator, conducted on . . . . . at 02:56pm, Staff E stated that unlicensed Medication Technicians were supposed to read the name of the medication from the medication label to the resident. Class III	A 052		
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 21 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 record review and interview, the facility failed to obtain a statement from a health care	A 078		

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A 078	Continued From page 22 provider that employees were free from ( ) annually and a one-time statement that employees were free from communicable for four employees (Administrator, Staff A, B and D) of four sampled employees. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator's employee record did not have statements from a health care provider that the employee was free from and communicable within thirty days of employment. The administrator was hired on . A record review for Staff A, conducted on , revealed that Staff A's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff A was hired on . A record review for Staff B, conducted on , revealed that Staff B's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff B was hired on . A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence from a health care provider that the employee was free from and communicable within thirty days of employment. Staff D was hired on . During an interview with Staff E, the Wellness Coordinator, conducted n , Staff E	A 078		

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A 078	Continued From page 23 agreed that the Administrator and Staff A, B, and D did not have evidence in their employee records that they were free from and communicable within thirty days of employment. Class III	A 078		
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 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	A 081		

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A 081	Continued From page 24 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 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:	A 081		

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A 081	Continued From page 25 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 (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.	A 081		

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A 081	Continued From page 26	A 081		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide direct care staff with the required in-service trainings for incident reporting and emergency procedures within thirty days of employment. Furthermore, the facility failed to have employees sign the 2-hours pre-service orientation certificate prior to interacting with residents for three employees (Staff A, B, and D) of four sampled employees.

Findings Included:

A record review for Staff A, conducted on . . . . . , revealed that Staff A's employee record did not contain evidence that the employee trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff A had a 2-hour pre-service orientation certificate dated that was not signed by the employee prior to interacting with resident. Staff A was hired on .

A record review for Staff B, conducted on . . . . . , revealed that Staff B's employee record did not contain evidence that the employee trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff B had a 2-hour pre-service orientation certificate dated that was not signed by the employee prior to interacting with resident. Staff B was hired on .

A record review for Staff D, conducted on . . . . . , revealed that Staff D's employee record did not contain evidence that the employee

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	**5010 N 40 STREET NORTH TAMPA, FL 33610**

(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 081	Continued From page 27 trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff D had a 2-hour pre-service orientation certificate dated that was not signed by the employee prior to interacting with resident. Staff D was hired on . During an interview with Staff E, the Wellness Coordinator, conducted on , Staff E agreed that Staff A, B, and D's employee records did not contain evidence that the employees completed trainings regarding incident reporting and emergency procedures within thirty days of employment. Staff E agreed that Staff A, B, and D's 2-hour pre-service orientation certificates were not signed by the employees. 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	A 083		

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A 083	Continued From page 28 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 provide staff on each shift with training in , , , ( ) and first aid as required. Findings Included: A record review for the Administrator, conducted on , revealed that the Administrator had no evidence of or first aid trainings in the employee's record. The Administrator was hired on . A record review for Staff A, conducted on , revealed that Staff A had no evidence of first aid training in the employee's record. Staff A's training expired on . Staff A was hired on . A record review for Staff B, conducted on , revealed that Staff B had no evidence of or first aid trainings in the employee's record. Staff B was hired on . A record review for Staff D, conducted on , revealed that Staff D had no evidence of or first aid trainings in the employee's record. Staff D was hired on . During an interview with the Business Office Manager, conducted on at 02:39pm,	A 083		

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A 083	Continued From page 29 the Business Office Manager stated that the only certificate for and first aid trainings that she could find was for Staff E and Staff E's and first aid trainings expired . The Business Office Manager stated that the facility had the and first aid training class about two years ago and could not find any certificates for any employees. Class III	A 083		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and	A 084		

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A 084	Continued From page 30 medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the	A 084		

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A 084	Continued From page 31 resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of	A 084		

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A 084	Continued From page 32 medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that employees assisting residents with medications had the required 6-hours of Assistance with Self-Administration of Medications Training prior to assisting residents with medications for one unlicensed Medication Technician (Staff B) of two sampled Medication Technicians. Findings Included: A record review for Staff B, conducted on . . . . . , revealed that Staff B's record did not contain evidence of a required 6-hours of Assistance with Self-Administration of Medications Training. During an interview with the Administrator, conducted on . . . . . at 02:15pm, the Administrator stated that Staff B assisted residents with medications. During an interview with Staff E, Wellness Coordinator, conducted on at 03:15pm, Staff E agreed that Staff B assisted residents with their medications. Staff E agreed that there was no evidence of the required 6-hours Assistance with Self-Administration of Medications training in Staff E's employee record. Staff B was hired on . .	A 084		

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A 084	Continued From page 33 Class III	A 084		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755,	A 086		

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A 086	Continued From page 34 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility . . . . . and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " . . . . . and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. . . . . and Related . . . . . Level II Training must address the following subject areas as they apply to these . . . . . : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related . . . . . ," dated . . . . . , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule.	A 086		

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A 086	Continued From page 35 (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the four-hours required training regarding 's and related level-I and level-II trainings (ADRD-I	A 086		

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A 086	Continued From page 36 and ADRD-II) for two employees (Staff B and D) of four sampled employees. Findings Included: A record review for Staff B, conducted on . . . . . , revealed that there was no evidence that Staff B obtained 4-hours of ADRD-I training within three months of employment. Staff B was hired on . A record review for Staff D, conducted on . . . . . , revealed that there was no evidence that Staff D obtained 4-hours of ADRD-II training within nine months of employment which was due to be obtained by . . Staff D was hired on . . . . . . During an interview with Staff E, Wellness Coordinator, conducted on at 03:15pm, Staff E agreed that Staff B had no evidence of obtaining 4-hours of ADRD-I training within three months of employment and there was no evidence that Staff D had obtained ADRD-II training within nine months of employment in the employees' records. Class III	A 086		
A 152 SS=G	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,	A 152		

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A 152	Continued From page 37 and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interview, the facility failed to maintain all existing mechanical and electrical systems in good working order and free of hazards which included but was not limited to portions of the air conditioning system, cracked tiles and caulking, broken fixtures, broken furniture, burnt out light bulbs, disrepair of walls and handrails, and	A 152		

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A 152	Continued From page 38 cracked or missing outlet or switch plate covers. Additionally, the facility failed to have a laundry system to deliver clean laundry to residents in a timely fashion. Furthermore, the facility failed to maintain a clean and homelike facility which affected twenty-three Residents (#1, #2, #3, #4, #7, #8, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, and #26) of twenty-three sampled residents. Findings Included: Observations of the assisted living unit's hallways, conducted on from 09:30am through 12:00pm, revealed that the hallway that led to the gazebo exit door, there were four of eight florescent ceiling lights burnt out. These lights consisted of two or three light bulbs in each light fixture. There was a broken sanitizer lying sideways on the handrail by room N-14. There was a sewer drainage snake that was propped upright in the corner of the alcove. There was a dent in that wall. Along the hallway by the Staff Room, there were two ceiling panels missing and a florescent ceiling light that had burnt out light bulbs. There was a metal air vent that was rusted with caked on dust accumulation. Observations of the assisted living unit's resident bedrooms and bathrooms, conducted on from 09:30am through 12:00pm, revealed that the following were observed in residents' bedrooms and bathrooms: Room N-3 - There was a metal toilet paper holder in the bathroom that was rusted and the caulking around it was dried, cracked, and peeling away. Residents #13 and #14 resided in this room. Room N-5	A 152		

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A 152	Continued From page 39 - Resident #15 was observed wearing pajamas just before lunch time. The wall at the entry by the bathroom the baseboard trim piece was peeling away from the wall. Residents #15 and #16 resided in this room. Room N-9 - There was chipped and cracked floor tiles in the bedroom. The bathroom had cracked tile by the toilet. There was dirt and dust accumulation behind and around the toilet. Residents #1 and #26 resided in this room. Room NE-2 - The wall at the entry by the bathroom that had no baseboard trim. The sheet rock and plaster were peeling and chipping away from the frame at the bottom of the wall. A hole was observed to discolored black and appeared to be rotting wood underneath the plaster. The bathroom had one of three light bulbs burnt out. The toilet paper holder was broken and non-functional. Residents #8 and #11 resided in this room. Room NE-3 - The wall at the entry by the bathroom had no baseboard trim. The dressers were missing the drawer knobs. Resident #3's wheelchair was visibly dirty. The room was uncomfortably warm. Residents #3 and #4 resided in this room. Room NE-4 - Resident #2 was lying in bed. There were no sheets on the bed. The wall at the entry by the bathroom had no baseboard trim. There were chunks of sheet rock and plaster missing from the bottom of the wall. A hole was observed discolored black and appeared to be rotting wood underneath the plaster. The bathroom had two of three light bulbs burnt out. Resident #2 resided in this room. The room was uncomfortably warm. Room NE-5 - Resident #7 was lying in bed. The bed	A 152		

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A 152	Continued From page 40 linens appeared worn, dingy and there was a reddish stain to the bottom sheet. There was a large clothing rack that had clothing for men. The bathroom had one of three light bulbs burnt out. There was a used . . . . . brief lying on the floor of the bathroom behind the trash can that was soaked with a liquid consistent with . . The toilet bowl had a yellow and brown stain discoloration, and the water was yellow consistent with standing . Female Residents #7 and #10 resided in this room. The room was uncomfortably warm. Room C-5 - There was one electrical outlet plate that was twisted sideways. Another electrical outlet plate was broken. The light switch plate was twisted sideways and had no screws to hold it in place. Below the light switch was an open electrical box with exposed electrical wires. There were brown smears on the fitted sheet on the bed that was consistent with feces. The bathroom had two of three light bulbs burnt out. Resident #12 resided in this room. Observations of the memory care unit's hallways, conducted on from 09:30am through 12:00pm, revealed that the hallway had a wood handrail that was missing chunks of wood from it. Observations of the memory care unit's resident bedrooms and bathrooms, conducted on from 09:30am through 12:00pm, revealed the following were observed in residents' bedrooms and bathrooms: Memory Care Unit Room S-7 - There was a used . . . . . brief saturated with a liquid consistent with lying on top of the clean sheets near a pillow to one of the beds The pillow had no pillow case. The paint was	A 152		

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	AL11966458	A. BUILDING: _____ B. WING _____	C 09/13/2022

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A 152	Continued From page 41 peeling away from the wall at the . . . of the other bed. The bathroom sink caulking around it that was dried, cracking, and peeling away. The toilet seat was broken. There was a brown substance caked to the inside of the toilet bowl that was consistent with feces. There were yellow liquid drips on the top of the toilet seat that was consistent with . Residents #17 and #18 resided in this room. Room S-5 - There was one outlet that did not have a plate cover. The bathroom had one of three light bulbs burnt out. The metal door frame was rusted. There were smears of brown substance to the toilet seat and to the front and sides of the outside of the toilet that was consistent with feces. Resident #19 resided in this room. Room SE-1 - There was a wood nightstand with what appeared to be dried on paper that peeled away and stuck to the top which was unsightly. There were There were two light switches and one plate covered was cracked and the other plate cover was broken. The bathroom sink had caulking around it that was dried, cracked, and peeling away. The bathroom door handle was visibly dirty and was sticky. Residents #20 and #21 resided in this room. Room SE-3 - The wall at the entry by the bathroom that had no baseboard trim. The bathroom wall was visibly dirty. Resident #22 resided in this room. Room SE-4 - The bathroom sink had caulking around it that was dried, cracked, and peeling away. There were two of three light bulbs burnt out. There was no toilet paper holder and holes were in the wall where the toilet paper holder was once located by the toilet. Resident #23 , ... , in this room on .	A 152		

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A 152	Continued From page 42 Room SE-9 - The wall at the entry by the bathroom had no baseboard trim piece. There were two nightstands in the room. Both nightstands were missing one of two drawers. One of the nightstands had a missing drawer knob and the metal screw was sticking out. The wardrobe cabinet was missing two of two drawers. One of the beds, the mattress was flipped upside down as evidenced by the fitted sheet did not cover the bottom of the mattress. There was a cable electrical outlet plate that was twisted sideways with cable wire was connected. Residents #24 and #25. Observations of the yard, conducted on from 09:30am through 12:00pm, revealed that the yard had an accumulation of cigarette butts and trash (empty cigarette packs and styrofoam cup) lying on the ground between the gazebo and the exit door. There were cobwebs around the outside of this large window and door. Observations of the laundry room, conducted on from 09:30am, revealed that the laundry room was packed full of clean clothing and bed linens that were either hanging on clothes hangers or folded in bins and baskets. There was no staff in the laundry room. There was no staff observed delivering any clean clothing to resident rooms. During an interview with Resident #2, conducted on at 10:00am, Resident #2 stated that the facility could work on their housekeeping efforts. During an interview with Resident #15, conducted on at 11:00am, Resident #15 stated	A 152		

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A 152	Continued From page 43 that she had been wearing the same pajamas for three days because the staff won't deliver her laundry. Resident #3 stated that the clothes were clean and in the laundry room and that there was a lot of clean laundry that the staff won't deliver. Resident #15 stated that she was mad because she did not have any clothes to wear. The interview was halted due to the increased agitation that Resident #15 displayed from not having clean clothing to wear. During an interview with Resident #3, conducted on [redacted] at 11:35am, Resident #3 stated that the facility needed to be cleaned up. Resident #3 stated that the smoking area was unkept and the weeds and grass were overgrown. Resident #3 stated that the wood to the gazebo was deteriorating and falling apart. During an interview with Resident #4, conducted on [redacted] at 12:17pm, Resident #4 stated that the facility was not kept clean to her satisfaction, but the staff do the best they can with what they have. A review of the local health department's inspection reports dated [redacted], the inspection reports noted a violation that the facility did not have adequate lighting. A review of the facility's visitation policy and procedures, conducted on [redacted], the facility's visitation policy and procedures noted on page 2 section 3f that the facility would clean and [redacted] high frequency touched surfaces often. During an interview with an unidentified Staff, conducted on [redacted] at 09:30am, the unidentified Staff stated that the clothes that were stored in Residents #7 and #10's room were	A 152		

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A 152	Continued From page 44 clothes from past residents that had been donated to the facility. During an interview with Staff A, conducted on [redacted] at 10:15am, Staff A stated that there was one hallway that the air condition was not functioning and that it recently stopped working. During an interview with the Business Office Manager, conducted on [redacted] at 02:39pm, the Business Office Manager stated that she was aware of the disrepair of resident rooms. At 03:00pm, the Business Office Manager agreed that the disrepair of furniture and air-conditioner, the uncleanliness, and the dim lighting was not homelike. During an interview with Staff E, conducted on [redacted] at 02:56pm, Staff E stated that there were a lot of residents clothing that were not tagged to identify the resident that the clothing belonged to. Staff E stated that there were a lot of new employees that were not aware to identify the clothing so that clothing could get to the proper residents. Staff E stated that she was unaware that there were clothes stored in Resident #7 and #10's room that did not belong to the residents. Staff E agreed that there were resident rooms that did not have functioning air conditioning and that those areas got warm. During an interview with the Administrator, conducted on [redacted] at 02:30pm, the Administrator stated that the air conditioning unit that was not functioning had been out and that the facility sent quotes to the corporate office and were awaiting on approval before work could be scheduled. At 02:56pm, the Administrator agreed that the residents' rooms without functional air conditioners got warm and stated that the facility	A 152		

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A 152	Continued From page 45 was awaiting approval from their corporate office for the air condition repairs and were unable to move forward until the approval was given. At 03:15pm, the Administrator stated that it appeared as housekeeping and maintenance were not doing their jobs. Class II	A 152		