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
	AL11968371	A. BUILDING: _____ B. WING _____	11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGGY'S HOME CARE II	8881 NW 185TH STREET HIALEAH, FL 33018

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update its roster on the facility's clearinghouse system within 10 days of the change for two of five sampled staff, (Staff D, and E). Findings included:	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 Review of the facility's roster showed Staff D with a hire date on [redacted], and Staff E was not listed. On [redacted], at 6:10 AM, Staff B stated, "[Staff E] was working here for few months and left." On [redacted], at 6:07 AM, in reference to Staff E, the Administrator stated, "She was not a good employee, she only worked a couple of weeks." The administrator added at 6:25 AM, "She was let go because of her performance." On [redacted], at 8:01 AM, the Administrator stated, "[Staff D] is no longer here, she moved I think to her country, it was early this year; we never completed hiring her." Unclassified	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.	CZ815		

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

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

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

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CZ815	Continued From page 5 may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable	CZ815		

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

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CZ815	Continued From page 7 for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, interview and review of records, the facility failed to ensure that three out of three sampled unqualified persons who were	CZ815		

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CZ815	Continued From page 8 caring for residents had an eligible Level II background screening (Person C, D, and E). Findings: Observation on at approximately 5:05 am revealed the shower running in a resident's bathroom. Observed an unidentified person (Person c) coming out of the bathroom on her way to a room where another unidentified person (Person D) was in bed sleeping. Further observation revealed Resident #2 sleeping in a common area adjacent to the room where unidentified Person C and unidentified Person D were. Observed suitcases and personal belongings inside the room and inside the closet. During interview on at approximately 5:12 am both unidentified persons stated that they did not have any identification. Person D and Person E stated that they had been living and training in the facility for a few days. When asked to name some of her duties Person F stated: "helping with bathing residents, preparing meals and cleaning" During interview on at approximately 5:25 am Staff #2 (Caregiver) initially stated that Person C and Person D were training, but later stated that they were living in the facility temporarily, "Because they had arrived from Cuba and did not have a place to live" A review of the facility roster and the Background Screening Clearinghouse Database revealed that the facility did not have an eligible Level 2 background screening documentation for Person E or for Person F.	CZ815		

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CZ815	Continued From page 9 Observation on . . . . . at 9:40 am revealed Person E alone in the facility caring for the residents. Interviewed on . . . . . at 9:40 am Person E stated that she was hired 10 days earlier and that she lived in the facility. Review of the Background Screening Clearinghouse on . . . . . revealed that Person E's Level II screening status showed as "Pending." Unclassified	CZ815		
CZ828 SS=L	408.813(3) FS Administrative Fines; Violations 408.813 Administrative fines; violations.-As a penalty for any violation of this part, authorizing statutes, or applicable rules, the agency may impose an administrative fine. (3) The agency may impose an administrative fine for a violation that is not designated as a class I, class II, class III, or class . . . violation. Unless otherwise specified by law, the amount of the fine may not exceed $500 for each violation. Unclassified violations include: (a) Violating any term or condition of a license. (b) Violating any provision of this part, authorizing statutes, or applicable rules. (c) Exceeding licensed capacity. (d) Providing services beyond the scope of the license. (e) Violating a moratorium imposed pursuant to s. 408.814. (f) Violating the parental consent requirements of s. 1014.06	CZ828		

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CZ828	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility exceeded its licensed capacity of six residents, maintaining a census of eight Residents (Residents #1, #2, #3, #4, #5, #6, #7 and #8). Of the eight, six were under hospice care and needed total assistance with many activities of daily living. Only one qualified staff was found on duty to care for the residents. On two subsequent visits, the facility was still overcapacity including a visit on . . . . . , when there was a census of seven residents including one who had not been onsite on or on . Five of the residents were under hospice care, and only one Staff (B) was observed in the facility caring for the Residents. Findings included: . . . . . at 5:00 a.m. Observation revealed a hospice CNA (Certified Nursing Assistant) opened the front door who stated she was in the process of bathing the two residents in # , Staff B, the sole staff on duty, stated there were 8 residents. On at 5:08 a.m., eight residents were observed (Resident #1, #2, #3, #4, #5, #6, #7, and #8). All residents were observed in bed with their bed rails in the upright position. Resident # 2 was observed sleeping in an area that was not a bedroom (hallway), with a full bedrail in the upright position. Interviewed at 5:09 am, Staff B stated that Resident #2 was a day care resident who had been dropped off the day before by her daughter. A subsequent review of Resident #2's record showed a residential contract with the facility dated . . . . . stipulating a monthly rent of $2,600 per month.	CZ828		

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CZ828	Continued From page 11 On at 5:09 a.m. Staff B (caregiver) stated she was working with the Administrator. Observation revealed that the Administrator was not present in the facility. Staff B was then observed repeatedly attempting to reach someone by telephone. When asked, she stated she was calling the Administrator, but she could not reach him. On at 5:15 a.m. Observation revealed that the shower was heard running in a bathroom in the hallway next to resident #. Observation at approximately 5:18 am revealed an unknown person (Person C) exiting the bathroom and walking toward the hallway where Resident #2 was sleeping. Observation revealed that Person C walked through the hallway into a room where Person D was lying in a bed, next to Person C's bed. Interviewed on 5:16 a.m., Person C stated that she and Person D had been providing personal care and services including bathing, , feeding and medications. Person C also stated that she and Person D had just come from Cuba. Person D then stated that she and Person C were volunteers who did none of these activities alone. On at 5:27 a.m. Staff B stated that Person C and Person D were in the process of training. she also stated that Persons C, and D had just come from Cuba and needed a place to stay but that they were going to leave soon. Review of all the staff records showed none for Person C and D. A review of the facility's staff roster in the	CZ828		

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CZ828	Continued From page 12 background screening clearinghouse database found that Persons C and D were not listed. Review of Resident #1's record showed the resident needed total care with all activities of daily living and was bed bound. Resident #1 needed medication administration. No physician had signed the health assessment. The health assessment revealed diagnoses of 's, , , , . The Medication Observation Record revealed the resident was prescribed medications including 150 mg (high), 50 mg twice daily (, , , or), 20 mg (, and), 1 mg, 20 mg ( ), 75 mg (,), , 25 mg (high ,) 10 mg ( ), 10 mg ( ), 100 mg (softener). Additionally, the hospice medication list showed , 0.125 mg (spasms) , 0.5 mg (agitation). The Resident was under Hospice care as of and needed repositioning every 2 hrs. by facility staff. Review of Resident #2's record showed no date of admission. A health assessment dated showed diagnoses of degenerative of numerous systems, pneumonic , meningioma, surgical procedure and a VP (According to the national library of medicine, a , is a valve placed under the skin, usually behind the , to drain excess fluid from the). The resident was diagnosed legally and heard of hearing. Additionally, a bed rail order showed a diagnosis of 's that was not reflected on the health assessment.	CZ828		

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CZ828	Continued From page 13 The resident needed assistance with transferring, supervision with eating and total care for ambulation, bathing [illegible], self-care and toileting, and assistance with self-administration of medication. The resident was found restrained by a bedrail not prescribed for her use. The resident was under hospice care as of [illegible] and needed repositioning every 2 hours by facility staff. Review of Resident #3's record showed that the resident was admitted on [illegible]. The health assessment dated [illegible] showed diagnoses of [illegible], non-[illegible] dependent [illegible], [illegible]) She needed supervision with ambulation, eating and self-care, and was independent for toileting and transferring. She needed assistance with bathing and [illegible]. Review of Resident #4's record showed no date was initially found for the residential admission. Interviewed on [illegible] at 5:30 am, Staff B stated Resident #4 was a daycare participant. A health assessment dated [illegible] showed medical history and diagnoses of slip/[illegible], right [illegible], closed reduction, [illegible] chondrocalcinosis. She was bed bound and needed total care with ambulation, [illegible], and toileting, and assistance with bathing, [illegible], and transferring, and supervision with eating and self-care. The type of assistance she needed with medication was not listed. The resident was under hospice care as of [illegible] and needed reposition every 2 hrs. by facility staff. According to the resident contract later found, Resident #4	CZ828		

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	AL11968371	A. BUILDING: _____ B. WING _____	11/30/2022

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CZ828	Continued From page 14 was admitted to the facility on . A review of the recertification plan showed hospice services to the resident onsite were prescribed on and re-prescribed on . Review of Resident #5's record showed that the resident was admitted on . The health assessment dated showed diagnoses of , non- dependent . The resident was under hospice care as of and needed repositioning every 2 hours by facility staff. The resident needed total care with all activities of daily living. The resident needed medication administration. Review of Resident #6's record showed that the resident was admitted on . The health assessment dated showed diagnoses of . She was under hospice care as of and needed repositioning every 2 hrs. by facility staff. The resident also needed total assistance with all activities of daily living. The resident needed medication administration. Review of Resident #7's record showed that the resident was admitted on . The health assessment dated showed diagnoses of . The resident needed supervision with ambulation, eating and self-care, and assistance with bathing, , toileting and transferring. The resident was under Hospice care as of and needed reposition every 2 hrs. by facility staff. Review of Resident #8's record showed that the resident was admitted on health assessment dated showed diagnoses	CZ828		

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CZ828	Continued From page 15 of [illegible], non-dependent [illegible]. She needed assistance with all activities of daily living, and assistance with self-administration of medication. An attempted review of Resident #9's record showed that there was none. Interviewed by telephone on [illegible] at 3:50 pm, Resident #9's family member stated that the resident had been living at the facility for about one year until two weeks earlier when she had been admitted to a rehabilitation facility. He stated the resident took medications for high [illegible] and [illegible]. On [illegible] at 5:45 a.m., the Administrator acknowledged the facility was licensed for 6 residents and that they were overcapacity. 2) On [illegible] at 5:45 a.m., observation revealed seven residents on site, with another in the hospital (Residents #1, #2, #3, #4, #5, #6, #7). All residents were observed in bed with their bed rails in the upright position. 3) On [illegible] at 5:45 a.m., observation revealed seven residents on site (Residents # 1,2,3,5,6,7,9). Observation revealed Person E onsite alone, caring for the seven residents. A review of the background screening database revealed Person E did not have a level II background screening. An attempted review of Resident #9's record showed that there was none. There was no documentation onsite regarding the resident.	CZ828		

Agency for Health Care Administration

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CZ828	Continued From page 16 Interviewed by telephone on at 3:50 pm, Resident #9's family member stated that the resident had been living at the facility for about one year until two weeks earlier when she had been admitted to a rehabilitation facility. He stated the resident took medications for high , , , and . Class I	CZ828		

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A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [redacted]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as	A 160		

AHCA Form 3020-0001

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

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A 160	Continued From page 1 described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.	A 160		

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A 160	Continued From page 2 (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated 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 provide up-to-date financial statements for the facility. Findings included: Review of the facility's records showed financial statements for years 2020 and 2021. The records did not include financial statements for the year 2022. On , at 7:40 AM, the Administrator stated, "That was my fault, it will be done before you guys come ." Class III	A 160		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable	A 161		

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A 161	Continued From page 3 rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as	A 161		

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A 161	Continued From page 4 described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the staff record for one of five sampled staff, (Staff E). Findings included: Review of all staff records showed that the facility did not have a record for former Staff E. On , at 6:10 AM, Staff B stated, "[Staff E] was working here for few months and left." On , at 6:07 AM, the Administrator stated, "I usually keep the records here; she was not a good employee, she only worked a couple of weeks." The administrator added at 6:25 AM, "I don't have her record here, I took it to my house, and I am moving, so I took it to a storage we have. She only worked a couple of weeks. She was let go because of her performance." Class III	A 161		
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,	A 162		

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

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A 162	Continued From page 6 (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children 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.	A 162		

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A 162	Continued From page 7 (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have documentation of the , , ... of a health care surrogate, health care proxy,	A 162		

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A 162	Continued From page 8 guardian, or the existence of a power of attorney, for one of eight sampled residents (Resident # 7). The facility also the facility failed to maintain a complete and up to date record for one of the eight sampled residents (Resident #1). Findings included: 1) Record review revealed that Resident # 7's daughter had signed the contract on . . . . . Further review showed there was no document appointing her as the legal representative. On . . . . . at 7:04 a.m. Administrator stated, "I will ask the daughter to bring it." 2) Review of Resident #1's record revealed the following incomplete forms: Health assessment record -missing signature of health care provider . . Record - blank Progress Note - blank Resident Observation Log -blank Informed Consent to Assist with Medication by Unlicensed Personnel -Missing signature of resident or legal representative Clothing Inventory Log -blank Exit Policy/Exit Permission -blank Notice to Residents Regarding Facility Evacuation Locations -missing signature of resident or authorized representative Assistive Device Policy -missing signature of resident or authorized representative Notice to Residents Regarding Emergency Power Plant -missing signature of resident or authorized representative. Residents Personal Effects Inventory -blank	A 162		

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A 162	Continued From page 9 On . . . . . at 5:50 am, when told about the incomplete resident records the Administrator stated, "some of the forms have not been completed yet." Class III	A 162		
A 163 SS=I	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on observation, interview and review of records the facility failed to ensure that resident and staff records were not falsified. Findings: On at approximately 6:10 am observed a white binder labeled "Fire Drills" on top of a table in the living room. Observed that this binder was not in the location where the facility kept the rest of its documentation binders. A review of the "Fire Drill" binder revealed two health assessment forms as well as one form verifying freedom from communicable that were blank but pre-signed by a health care provider.	A 163		

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A 163	Continued From page 10 Further observation on at approximately 6:10 am revealed the Administrator attempting to remove the 'Fire Drill" binder containing the blank forms. During interview on at 6:10 am the Administrator stated that the forms were his personal property. Class II	A 163		
A 200 SS=D	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident	A 200		

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	AL11968371	A. BUILDING: _____ B. WING _____	11/30/2022

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A 200	Continued From page 11 must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to chapter 252, F, S. must maintain an	A 200		

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A 200	Continued From page 12 alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.	A 200		

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A 200	Continued From page 13 2. An assisted living facility located in an area in a declared state of emergency area pursuant to section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a . . . . monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to emergency Rule 58AER17-1 will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that	A 200		

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A 200	Continued From page 14 undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . , have implemented the plan required under this rule.	A 200		

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A 200	Continued From page 15 (b) The Agency shall allow an extension up to , , to providers in compliance with paragraph (c) below and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of subsection (1) (a) for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite. 2. An assisted living facility located in an evacuation zone pursuant to chapter 252, F.S. must either: a. Fully and safely evacuate its residents prior to the arrival of the event; or	A 200		

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A 200	Continued From page 16 b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility. (d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to	A 200		

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A 200	Continued From page 17 produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by chapter 429, part I, or chapter 408, part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate	A 200		

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A 200	Continued From page 18 must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. Findings include at 8:28 a.m. Observed on the bulletin board by the dining area, the facility's	A 200		

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A 200	Continued From page 19 Comprehensive Emergency Management Plan (CEMP) letter dated . It was found expired. . . . . . at 8:32 a.m. Administrator stated. "that was already sent and paid, just waiting on the letter." Class III	A 200		
A 000	Initial Comments A complaint investigation (complaint number 2022016770) was conducted at Maggy's Home Care II, Inc on . . . . . through . . Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=F	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is	A 030		

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A 030	Continued From page 20 implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [illegible], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96-[illegible] or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident [illegible], neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. [illegible] control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a	A 030		

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A 030	Continued From page 21 requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m.	A 030		

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A 030	Continued From page 22 at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , ,

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A 030	Continued From page 23 physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman	A 030		

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	AL11968371	A. BUILDING: _____ B. WING _____	11/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGGY'S HOME CARE II	8881 NW 185TH STREET HIALEAH, FL 33018

(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 030	Continued From page 24 council, the Elder . . . . Hotline operated by the Department of Children and Families, and, if applicable, ... , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.	A 030		

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A 030	Continued From page 25 This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to provide a living environment that recognizes the resident's individuality, dignity and need for privacy for one of nine sampled residents (Resident #2). The resident was found living in a hallway-like area in the rear of the facility outside of a staff office and a staff room where two unidentified persons were living. Findings: Observation on at 5:10 am revealed Resident#2 sleeping in a bed located in a common area that was devoid of privacy and accommodations for Resident #2's personal belongings. Further observation on at 5:11 am that Resident #2's bed was adjacent to an office labeled "Owner's Office Not a Part of This Facility" and the living quarters of two unidentified persons that were acting as staff (Person E and Person F). Observation on at 5:12 am revealed Person E utilizing the area where Resident #2 was situated as a pass through from the bathroom to the room where both unidentified persons resided. Further observation revealed that while the hallway where Resident #2 was housed contained no closet or space for other personal belongings, Person E and Person F personal belongings inside a closet inside their room. Interviewed on at approximately 5:30	A 030		

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A 030	Continued From page 26 am Staff B stated that Resident# 2 was not in a room was because she was a daycare resident. Review of records revealed that Resident #2 required total assistance with ambulation, bathing, , toileting and self-care. The resident was under hospice care and received services onsite. Review of the resident record revealed Resident #2's Resident's Agreement dated 11/26/2021 stipulating a monthly rent of $2,600 per month. Class II	A 030		
A 033 SS=F	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's	A 033		

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A 033	Continued From page 27 record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical . . . . . and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a written physical . . care plan for six out of eight sample residents (Resident #1, #2, #4, #5, #6, and #7) Finding include: A review of Resident #1's Physician Orders dated . . . . . showed that the physician ordered full side rails. There was no documentation of a written physical . . . . . care plan. A review of Resident #2's Physician Orders dated . . . . . showed that the physician ordered full side rails. There was no documentation of a written physical . . . . . care plan. A review of Resident #4's Physician Orders dated . . . . . showed that the physician ordered full side rails. There was no documentation of a written physical . . . . . care plan . A review of Resident #5's Physician Orders dated . . . . . showed that the physician ordered full side rails. There was no documentation of a written physical . . . . . care plan. A review of Resident #6's Physician Orders dated . . . . . showed that the physician ordered full side rails. There was no documentation of a written physical . . . . . care plan. A review of Resident #7's Physician Orders dated . . . . . showed that the physician ordered full	A 033		

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A 033	Continued From page 28 side rails. There was no documentation of a written physical care plan. In an interview on at 8:22 a.m., the Administrator acknowledged the physical care plan were not on file. Class III	A 033		
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	A 052		

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A 052	Continued From page 29 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 inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of	A 052		

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A 052	Continued From page 30 administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. 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	A 052		

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A 052	Continued From page 31 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 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, and interview the facility failed to follow the state guidelines when assisting one of nine sampled residents with self-administration of medication (Resident #2).	A 052		

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A 052	Continued From page 32 Findings included: Review of the medication record for Resident # 2 showed prescribed medication, GERI KOT to be taken once a day. On at 8:00 a.m. Observed medication pass. Staff B (caregiver) was observed wearing a mask and gloves. Staff B provided medication assistance to Resident #2. Staff B was observed announcing the medication name and what it was for to the resident, Staff B was observed popping the medication into the resident's breakfast plate, she then signed the Medication Observation Record and left without making sure the resident swallowed her medication. Resident #2 was then observed picking up the medication with her while she was eating her breakfast, Resident #2 was then observed taking the medication into her and swallowed it with water. On at 8:20 a.m. the Administrator acknowledged Staff B did not wait for the resident to take her medication. Class III .	A 052		
A 054 SS=I	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription	A 054		

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A 054	Continued From page 33 number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on a review of records and interview the facility failed to maintain accurate and up to date Medication Observation Records for two of nine sampled residents (Residents #1 and #2.) Findings: Review of the Medication Observation Records for Residents #1, 2 and 8 revealed that on at approximately 5:20 am, the medications prescribed for 7:00 am was already	A 054		

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A 054	Continued From page 34 signed off as given. Observation on . . . . . at 5:20 am revealed that Staff B (caregiver) was on duty providing care for eight residents. The Administrator was not present. Review of Resident #1 and Resident #2 health assessments revealed the residents required the administration of medications. A review of Staff B's personnel record revealed no documentation that she was licensed to provide medication administration. During interview on at 6:00 am, the Administrator stated that he shared medication administration duties with Staff B and they "worked as a team." Class II	A 054		
A 056 SS=L	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container.	A 056		

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A 056	Continued From page 35 (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.	A 056		

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A 056	Continued From page 36 (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that one of eight sampled residents received medications that were ordered by a physician for her use and that were properly labeled and dispensed (Resident #1). The resident was receiving an medication for which there was no prescription and no documented medical	A 056		

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A 056	Continued From page 37 condition. The medication had been 'ordered' by an unqualified person (registered nurse) and was being provided to the resident from a bottle containing a -written label which identified its contents (Resident #1). Findings included: On at 5:20 a.m. Observed in the unlocked kitchen cabinet which served as the facility's medication storage area an amber bottle with a handwritten label identifying it as " , 500 mg, 24 tabs." (Photographic evidence obtained) On at 5:21 a.m. The Administrator stated, "Oh, that's for [Resident #1]. She has a ' ' (,)." When asked for the physician's order, he stated, "I called it in to the pharmacy," and said that as a registered nurse (RN) he was able to do this. When asked again for the physician's order that authorized the medication, he stated that he could not recall whether the hospice physician or the resident's primary care physician had ordered it. Observation revealed that the physician's order was not provided. A review of the personnel record and of Medical Quality Assurance records revealed that the Administrator was licensed as a Registered Nurse. There was no documentation of a physician's license or an Advance Practice Registered Nurse (APRN) license. A review of the Nurse Practice Act showed that registered nurses may, with in their scope of practice, attend to "The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner	A 056		

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	AL11968371	A. BUILDING: _____ B. WING _____	11/30/2022

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A 056	Continued From page 38 authorized by the laws of this state to prescribe such medications and treatments." A review of Resident #1's record revealed no documentation of a physician's order for the medication. There was no other documentation indicating that the medication was prescribed for Resident #1's use. There were no records of how often the medication had been given to the resident. There was no documentation that a physician had been contacted regarding concerns about the resident having a need for treatment of a new condition. A review of the undated health assessment for Resident #1 showed diagnoses of 's , , , and . There was no documentation of a diagnosis of . Further review of Resident #1's record showed she needed total care in all activities of daily living and was bed bound. The resident needed medication administration. A review of the Medication Observation Record showed the resident was prescribed medications including 150 mg (high ,), 50 mg twice daily (, , , , , or), , 20 mg (, and), 1 mg, 20 mg ( ), 75 mg (,), , 25 mg (high , , , ,) 10 mg (,), 10 mg ( ), 100 mg (softener). Additionally, the hospice medication list showed , 0.125 mg (spasms) , , 0.5 mg (agitation). The record further stated that hospice staff was visiting the resident weekly and that their certified nursing assistant provided daily	A 056		

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A 056	Continued From page 39 bathing. On at 2:35 p.m. the Administrator again stated that he had a physician's order for the medication, and that he had acquired the pills from [] Pharmacy. On at 2:45 p.m. during a phone interview, the co-owner of [] Pharmacy stated that they had no prescription for the medication as of , and that they had not filled a prescription or provided the container of unlabeled medication. [] Pharmacy's co-owner further stated that they had received an electronic prescription from Resident #1's physician on that same day ( ) and said they had not yet delivered the pills to the assisted living facility. A review of this order documented that it was sent to the pharmacy seven days after the medication was seen onsite at the facility. Interviewed on at 3:00 pm, the Clinical Director at [] Hospice stated, regarding whether Hospice had ordered the , for Resident #1, "There is no order of . , .. There is no diagnosis of . If they (resident's primary physician) put in an order, they have to communicate it with us. We see the patient. We order cultures, labs, etc." According to the National Library of medicine, "Taking , increases the risk that you will develop .. .. (. . . of a fibrous tissue that connects a bone to a . . .) or have a . . . . . (tearing of a fibrous tissue that connects a bone to a) during your treatment or for up to several months afterward. These problems may affect in your , your , the . . . of your ankle, or in other parts of your body. or	A 056		

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A 056	Continued From page 40 may happen to people of any age, but the risk is highest in people over . Taking may cause changes in sensation and damage that may not go away even after you stop taking . Taking may affect your or nervous system and cause serious side effects. This can occur after the first dose of . Taking may worsen in people with (a of the nervous system that causes) and cause severe difficulty breathing or is used to treat or prevent certain caused by such as ; (a); (a serious that is common in developing countries); (that cause severe); and of the skin, bone, , abdomen (area), and (male), is also used to treat or prevent , (a serious that may be spread on purpose as part of a bioterror) and inhalation anthrax (a serious that may be spread by anthrax germs in the air on purpose as part of a bioterror). may also be used to treat , or but should not be used for and , or certain types of if there are other treatment options." Class I	A 056		
A 077 SS=D	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators	A 077		

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A 077	Continued From page 41 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must:	A 077		

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A 077	Continued From page 42 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of	A 077		

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A 077	Continued From page 43 facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . . , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to hire a manager. The current administrator served his duties in more than one	A 077		

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A 077	Continued From page 44 facility. In addition, the facility failed to provide a current ( ) and communicable statement on an annual basis for one of three sampled staff, (Administrator) Findings included: Review of the facility's roster showed the administrator acting also as administrator at a second facility since . The roster did not include a manager. Review of the administrator's personnel record showed a hire date of . Review of staff records for the Administrator showed the certificate for Communicable / expired on . On , , at 7:40 AM, the Administrator stated, "That was my fault, it will be done before you guys come ." Class III	A 077		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.	A 078		

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A 078	Continued From page 45 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 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	A 078		

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A 078	Continued From page 46 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 observation and interview, the facility failed to ensure that two out of two sampled staff members (Administrator and Staff B) were qualified to perform their assigned duties, consistent with their training and preparation. The Administrator and Staff B (caregiver) who had been duly trained, were unable to describe how to perform (. . . . , ... , ...). Findings: On . . . . . at 5:45 a.m., observed the Administrator and Staff B (caregiver) working with 8 residents. which Five of the residents were under hospice care. On at 6:15 a.m., when asked to describe how to perform . , Staff B was unable to. At 6:23 a.m. when asked to describe how to perform . , the Administrator A stated, "begin with 15 , until 911 arrives. No need of breaths." A review of resident records showed no documentation of a for Residents #1,2,3,5,6,7,8,9.	A 078		

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A 078	Continued From page 47 A review of staff records showed the Administrator's and Staff B's /First AID training were up to date. On . . //2022 at 6:24 a.m. the Administrator stated, "we will do a re-training ." Class II	A 078		
A 079 SS=L	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.	A 079		

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A 079	Continued From page 48 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.	A 079		

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A 079	Continued From page 49 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any	A 079		

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A 079	Continued From page 50 determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have enough qualified staff to provide resident supervision and	A 079		

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A 079	Continued From page 51 to provide or arrange for resident services according to the residents' schedules and unscheduled service needs. The facility, licensed for six beds, had eight residents (Resident #1, #2, #3, #4, #5, #6, #7, and #8), including 6 receiving hospice services. On a third visit to the facility there were 7 residents including 5 residents under hospice care and a new resident over its licensed capacity (Resident #9). There was one unqualified person (Person E) caring for the residents. The facility also failed to ensure that at least one staff person was on duty at all times who was properly trained to perform , , ( ). Findings included: at 5:00 a.m. Observation revealed Staff B on duty alone. She stated there were six residents in the facility. On at 5:08 a.m., eight residents were observed (Resident #1, #2, #3, #4, #5, #6, #7, and #8) onsite. All residents were observed in bed with their bed rails in the upright position. Resident # 2 was observed sleeping in an area that was not a bedroom (hallway), with a full bedrail in the upright position. On at 5:09 a.m. Staff B stated she was working the shift with the Administrator. Observation revealed that the Administrator was not present in the facility. On , observation at 5:16 am revealed an unknown person (Person C) exiting the bathroom and walking toward the hallway where Resident #2 was sleeping. Observation revealed that Person C walked through the hallway into a room where Person D was laying in a	A 079		

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	AL11968371	A. BUILDING: _____ B. WING _____	11/30/2022

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A 079	Continued From page 52 bed, next to Person C's bed. When asked, neither person was able to provide identification. Interviewed on 5:16 a.m., Person C stated that she and Person D had been providing personal care and services including bathing, [illegible], feeding and medications. Person C also stated that she and Person D had just come from Cuba. Person D then contradicted this, stating that she and Person C were volunteers who did none of these activities alone. A review of the facility's staff roster in the background screening clearinghouse database found that Persons C and D were not listed. Neither Person had an eligible level II background screening. Review of all the staff records showed none for Person C or D. There was no documentation that Person C or D were trained or qualified to provide care. On at 5:27 a.m. Staff B stated that Person C and Person D were in the process of training. She also stated that Persons C and D had just come from Cuba and needed a place to stay, but that they were going to leave soon. Review of Resident #1's record showed showed diagnoses of [illegible]'s [illegible], [illegible], and [illegible]. Further review of Resident #1's record showed she needed total care in all activities of daily living and was bed bound. The resident needed medication administration. The Resident was under Hospice care as of [illegible] and needed repositioning every 2 hours. Review of Resident #2's record showed no date	A 079		

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A 079	Continued From page 53 of admission. A health assessment dated showed diagnoses of degenerative of numerous systems, pneumonic , meningioma, surgical procedure and a VP (According to the national library of medicine, a , is a valve placed under the skin, usually behind the , to drain excess fluid from the). The resident was diagnosed legally and heard of hearing. Additionally, a bed rail order showed a diagnosis of 's that was not reflected on the health assessment. The resident needed assistance with transferring, supervision with eating and total care for ambulation, bathing , self-care and toileting, and assistance with self-administration of medication. The resident was found restrained by a bedrail not prescribed for her use. The resident was under hospice care as of . and needed repositioning every 2 hours. Review of Resident #3's record showed that the resident was admitted on . The health assessment dated showed diagnoses of , , , , non- dependent , (,) She needed supervision with ambulation, eating and self-care, and was independent for toileting and transferring. She needed assistance with bathing and . Review of Resident #4's record showed no date was initially found for the residential admission. Interviewed on at 5:30 am, Staff B stated Resident #4 was a daycare participant. A health assessment dated showed medical history and diagnoses of slip/ , right , closed reduction,	A 079		

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A 079	Continued From page 54	A 079		

chondrocalcinosis. The resident was bed bound and needed total care with ambulation, , and toileting, and assistance with bathing, , and transferring, and supervision with eating and self-care. The type of assistance she needed with medication was not listed. The resident was under hospice care and needed repositioning every 2 hours. According to the resident contract later found, Resident #4 was admitted to the facility on . A review of the recertification plan showed hospice services to the resident onsite were prescribed on and re-prescribed on .

Review of Resident #5's record showed that the resident was admitted on . The health assessment dated showed diagnoses of , non- dependent . The resident was under hospice care as of and needed repositioning every 2 hours by facility staff. The resident needed total care with all activities of daily living. The resident needed medication administration.

Review of Resident #6's record showed that the resident was admitted on . The health assessment dated showed diagnoses of , . She was under hospice care as of and needed repositioning every 2 hrs. by facility staff. The resident also needed total assistance with all activities of daily living. The resident needed medication administration.

Review of Resident #7's record showed that the resident was admitted on . The health

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A 079	Continued From page 55 assessment dated [redacted] showed diagnoses of [redacted]. The resident needed supervision with ambulation, eating and self-care, and assistance with bathing, [redacted], toileting and transferring. The resident was under Hospice care as of [redacted] and needed reposition every 2 hrs. by facility staff. Review of Resident #8's record showed that the resident was admitted on [redacted] health assessment dated [redacted] showed diagnoses of [redacted], non-dependent [redacted]. She needed assistance with all activities of daily living, and assistance with self-administration of medication. On [redacted] 5:45 a.m. regarding the lack of adequate and qualified staffing, the Administrator stated "I know, I know. I am in the process of hiring someone else." 2) On [redacted] at 5:45 a.m., observation revealed seven residents on site, with another in the hospital (Residents #1, #2, #3, #4, #5, #6, #7). 3) On [redacted] at 5:45 a.m., observation revealed seven residents on site (Residents # 1,2,3,5,6,7,9). Observation revealed Person #E onsite alone, caring for the seven residents. A review of the background screening database revealed Person #E did not have a level II background screening. A review of personnel records found that Person E had several training records which had been	A 079		

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A 079	Continued From page 56 signed by the administrator and found onsite on , nine days prior to Person # E beginning to work in the facility. At the time the records were reviewed on , the date of training had been listed on the training certificates as having been conducted on , , . There was no documentation of timecards for Person # E, and she was not listed on the staff schedule. An attempted review of Resident #9's record showed that there was no record. There was no documentation onsite regarding the resident. Interviewed by telephone on at 3:50 pm, Resident #9's family member stated that the resident had been living at the facility for about one year until two weeks earlier when she had been admitted to a rehabilitation facility. He stated the resident took medications for high , , , and . 4) On at 6:15 a.m. during an interview with Staff B, when asked to describe how to perform , Staff B was unable to demonstrate techniques, and stated she did not know how to do it. On at 6:23 a.m. during an interview with the Administrator, when asked to describe how to perform he stated, "begin with 15 until 911 arrives. No need of breaths." Staff records showed the Administrator's and Staff B's /First AID training were up to date. Class I	A 079		

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A 079	Continued From page 57	A 079		
	0			
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently	A 083		

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A 083	Continued From page 58 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 documentation of current , , ( ) training which required the student to demonstrate, in person, that he or she was able to perform for at least one of two sampled staff (Staff B). Findings included: Review of Staff B's personnel record showed a hire date on . The record had an online training dated . On , at 8:52 AM, Staff B stated, "[The Administrator] brought the computer and did it here, we don't have a computer." Class III	A 083		
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility	A 152		

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A 152	Continued From page 59 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 [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [illegible] 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 [illegible]. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to provide its residents a safe living environment free of safety hazards. Findings: Observation on [illegible] at approximately 5:35 am revealed several bleach containers stored in an unlocked water heater closet in an area accessible to residents. Photographic evidence was obtained. Further observation revealed several bleach bottles and other laundry products inside a cabinet over the washing machine. The	A 152		

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A 152	Continued From page 60 cabinet had a chain and a padlock that were unlocked. During interview on at approximately 5:35 am Staff B (caregiver) stated that she forgot to store the containers in the cabinet. Interviewed during the exit conference on , the Administrator was informed regarding the bleach bottles and other products that were unlocked and accessible to residents, but he made no comment. Class III	A 152		