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
	AL11965180	A. BUILDING: _____ B. WING _____	11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGGY'S HOME CARE	8969 NW 152 LANE 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 observation, record review and interview, the facility failed to register, initiate, or maintain the employment status of six of 10 sampled people who were providing care to residents, (Persons B, C, D, E, J and K) within the background screening clearinghouse system within 10 business days of the changed of status.	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 Findings included: On . . at 5:00 AM upon arrival, a female person who identified herself as Staff F. Later in the afternoon, it was discovered that this was not Staff F, but was instead Person B who was unqualified with no background screening and no training. Person B opened the front door; she was working with Person C. Person B stated she and Person C both lived at the facility with their daughters, Persons D, and E. There was a mattress on the floor where Person C and her daughter, Person D were sleeping. In the Florida room, a person was sleeping in one of the sofas, Person B stated, it was her daughter, Person E. On . . at 5:35 AM, Person C stated, "I worked in another of her facilities for a month; I don't remember the address or the name (of the facility), they all have the same name. I've been here about two months. They gave me training, but my certificates are in the other facility. [Person B] gives the medications, I assist the residents, cook, and clean. [Person B's daughter] comes here but she does not help with anything. [Person D] is my daughter; sometimes she stays, but she does not work here." During a second visit to the facility On . . . . . at 2:30 pm, Person D was observed working and assisting the residents. On . . . . . at 6:15 AM, he Administrator stated, "This is happening because it's hard to find staff; [Person C] is a volunteer, she has been here about a month. I know, I did something wrong." On . . . . . at 2:30 PM, Person B, was when asked to provide identification, stated that	CZ814		

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CZ814	Continued From page 2 she did not have any with her. She further stated her real name and the date of birth, and said, "I've been here about a year, I used to work in the other facility where [Staff L] is." On [redacted] at 1:45 PM, Resident 4's family member stated, "The staff I know are [Person B], the Administrator, and another woman. I also know [Person J], her husband. On [redacted] at 1:54 PM, Resident 2's family member stated, "The staff there are [Persons C, and D], sometimes three people. On [redacted] at 3:30 PM, Resident 1's nurse stated, "I usually go around 10 to 11 AM, and see [Person B, and C]." On [redacted] at 8:48 AM, the Administrator stated that Staff K left the facility about a year ago. She further stated, "I thought I took the staff off the background screening employee roster." A review of the Background Screening Clearinghouse showed Staff K still listed in the roster. On [redacted] at 2:45 PM, [Person J], in reference to not having an eligible level II background screening or and not being registered on the facility's roster, stated, "That happened 40 years ago, but I keep coming because they need me here." Review of the facility's roster showed Person J with a hire date of [redacted], and an end date of [redacted]. The last screening was completed on [redacted]. Unclassified	CZ814		

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CZ815 SS=I	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. (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	CZ815		

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CZ815	Continued From page 4 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 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.	CZ815		

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CZ815	Continued From page 5 (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 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	CZ815		

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CZ815	Continued From page 6 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 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	CZ815		

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CZ815	Continued From page 7 screening and to implement and adopt criteria relating to retaining ◡ , 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 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	CZ815		

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CZ815	Continued From page 8 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 [illegible] for a disqualifying offense, the employer must remove the employee from contact with any [illegible] person that places the employee in a role that requires background screening until the [illegible] 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 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 [illegible] 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 [illegible] 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 [illegible] for a	CZ815		

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CZ815	Continued From page 9 disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was [redacted], regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that any person whose responsibilities may require him or her to, provide personal care or services directly to residents or have access to resident's funds, personal property, or living areas, completed a level II background screening. (Persons B, C, D, E, and J). Findings included: On [redacted] at 5:00 AM observation revealed a female person who identified herself as Staff F. Later in the afternoon, it was discovered that this was not Staff F, but was instead Person B who was unqualified with no background screening and no training. Person B opened the front door; she was working with Person C. Person B stated she and Person C both lived at the facility with their daughters, Persons D, and E. There was a mattress on the floor where Person C and her daughter, Person D were sleeping. In the Florida room, a person was sleeping in one of the sofas, Person B stated, it was her daughter, Person E.	CZ815		

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CZ815	Continued From page 10 On [redacted] at 5:35 AM, Person C stated, "I worked in another of her facilities for a month; I don't remember the address or the name (of the facility), they all have the same name. I've been here about two months. They gave me training, but my certificates are in the other facility. [Person B] gives the medications, I assist the residents, cook, and clean. [Person B's daughter] comes here but she does not help with anything. [Person D] is my daughter; sometimes she stays, but she does not work here." During a second visit to the facility On [redacted] at 2:30 pm, Person D was observed working and assisting the residents. Review of all resident records showed, six residents, four of whom were under hospice care and required total care with the activities of daily living; they were under the care of unqualified and undocumented persons. No qualified staff was on duty, and from these residents, one resident had a [redacted], and required repositioning every two hours. On a second visit on the same day, on [redacted], the facility was informed of the imminent danger to residents caused by this, and they were instructed to remove the unqualified persons from the facility and replace them. On [redacted] at 6:15 AM, he Administrator stated, "This is happening because it's hard to find staff; [Person C] is a volunteer, she has been here about a month. I know, I did something wrong." On [redacted] at 2:30 PM, Person B, was when asked to provide identification, stated that she did not have any with her. She further stated her real name and the date of birth, and said, "I've been here about a year, I used to work in the	CZ815		

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CZ815	Continued From page 11 other facility where [Staff L] is." On [redacted] at 1:45 PM, Resident 4's family member stated, "The staff I know are [Person B], the Administrator, and another woman. I also know [Person J], her husband. On [redacted] at 1:54 PM, Resident 2's family member stated, "The staff there are [Persons C, and D], sometimes three people. On [redacted] at 3:30 PM, Resident 1's nurse stated, "I usually go around 10 to 11 AM, and see [Person B, and C]." On [redacted] at 2:45 PM, [Person J], interviewed in the facility, stated in reference to not having an eligible level II background screening or and not being registered on the facility's roster, "That happened 40 years ago, but I keep coming because they need me here." Review of the facility's roster showed Person J with a hire date of [redacted], and an end date of [redacted]. The last screening was completed on [redacted]. A review of Resident #1's hospice record dated [redacted] showed a diagnosis of [redacted]. Reviewed Resident #1's Health assessment showed a diagnosis of [redacted]'s [redacted], Myotonic [redacted], History of [redacted] Resident #1 was bed bound and needed total assistance with activities of daily living. The record stated further that resident had a [redacted]. Resident was on a pureed diet and was having progressive [redacted] and was coughing and choking episodes.	CZ815		

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CZ815	Continued From page 12 A review of Resident #2's health assessment completed on [redacted] show diagnoses of [redacted]. The resident needed assistance with ambulation, bathing, [redacted], eating, self-care, toileting and transferring. The resident needed assistance with self-administration of medication. Resident was under hospice care. A review of Resident #3's hospice records dated [redacted] showed a diagnosis of [redacted]. Resident was bed bound and need total assistance in activities of daily living. Resident was on a pureed diet and had a [redacted] for [redacted] retention. A review of Resident 4's hospice records dated [redacted] showed diagnoses of degenerative [redacted] of the nervous system and [redacted]. A review of Resident #4's health assessment completed on [redacted] showed resident needed total care in all activities of daily living. A Review of Resident #5's health assessment completed on [redacted] showed diagnoses of [redacted], Right [redacted], Skin [redacted]. The resident needed assistance in bathing, [redacted], self-care, toileting, transferring, but supervision needed in ambulation and eating. The resident needed assistance with self-administration of medication. A review of Resident #6's health assessment	CZ815		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ815	Continued From page 13 completed on [redacted] showed a diagnoses of [redacted]. The resident needed assistance with bathing, [redacted] self-care, toileting, but supervision needed with ambulation, eating, and transferring. The resident needed assistance with self-administration of medication. Observation on [redacted] at 2:30PM, approximately eight hours after the Administrator was informed that unqualified persons were found caring for residents, found Person B and Person D onsite alone with six residents, including four under hospice care. Observation on [redacted] at 2:40 PM showed the Administrator and Staff arriving [redacted] at the facility. The Administrator stated, "I'm just coming [redacted] from getting everyone [redacted]. A review of the Background Screening Database from [redacted] through [redacted] showed no documentation that Persons B, C, D, E, or J had an eligible level II background screening.. Class I	CZ815		

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	AL11965180	A. BUILDING: _____ B. WING _____	11/29/2022

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A 000	Initial Comments A Complaint Investigation (complaint number 2022016768) was conducted at Maggy's Home Care on , to , . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1 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 , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where	A 030		

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A 030	Continued From page 2 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 [redacted] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 3 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 , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , 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	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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. This Statute or Rule is not met as evidenced by: Based on observation and record review, and interview the facility failed to treat one of six sampled residents with dignity, free of . . . . (Resident #5). The resident was restrained to bed by the use of a wheelchair which kept the resident from getting out of bed without staff assistance. Findings as follow:	A 030		

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A 030	Continued From page 6 On at 6:08 am, Resident #5 , was observed in bed. Further observation revealed a wheelchair propped against the bed which prevented the resident from getting out of bed without staff assistance. Interviewed on at 6:08 AM, Staff F (caregiver) stated that Resident #5's hospice equipment (full bedrail) had not come yet. Interviewed on at 7:02 AM, the Administrator stated that she was waiting for the hospice equipment for Resident #5. Class III	A 030		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a	A 036		

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A 036	Continued From page 7 shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide services in a manner that reduced the risk of transmission of for one out of six sampled residents (Resident #3). Finding include: On At 2:40 PM, it was observed that Resident #3 was sitting in a recliner in the Florida room watching television. The resident's bag was lying on the floor. A review of Resident #3's Health Assessment dated showed that the resident was prescribed a . A reivew of the National Library of Medicine's data regarding revealed, "A is a tube placed in the body to drain and collect from the . Most often, the is inserted through the . This is the tube that carries from the to the outside of the body." In an interview on at 2:40 PM, Person B (an unknown person who was not listed or trained as a facility staff) stated, "she has it because she retains liquid, and it's there so it does not ."	A 036		

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A 036	Continued From page 8 Class III	A 036		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C.	A 055		

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A 055	Continued From page 9 (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).	A 055		

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A 055	Continued From page 10 (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to secure and lock the medication in the storage cabinet. Unlocked medications were found in the office cabinet, on top of the office table, and in the closet of # . Findings: Observation on at 6:30 AM, found that the medication was unlocked in a closet in # . Photographic evidence was obtained. Observation on at 6:33 am found that the following prescribed medication was unlocked: , 15 Mg Tab and , 10 Mg Tab. This medication belonged to a Resident # 7 who was no longer in the facility. The following over the counter medication was also found unlocked inside the office cabinet. Photographic evidence obtained. Purelax	A 055		

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A 055	Continued From page 11 Complete, 20 ml Bottles Constulose (Solution, USP) 10g/15 ml 325 mg Observation on at 6:33 am found unlocked medication in # where Resident # 1 and Resident # 5 share the same room. The medications found were prescribed to Resident #5 (Powder and). Photographic evidence obtained. A review of Resident # 4's Health Assessment completed on showed a diagnosis of Degenerative of Nervous System. Activities of daily living showed that the resident needed total care. Resident #4 needed medication administration. A review of Resident # 1's Health Assessment completed on showed a diagnosis of , High , and Right . Resident #1 is in Hospice and has physical limitations requiring bed bound, toileting and transferring, needs supervision in bathing, , and eating, and assistance in ambulation. The resident needed assistance with self-administration of medication. During interviewed on at 6:42 am, Person C stated that she was sorry and forgot to lock the medication cabinet. During interviewed on at 6:49 am, the Administrator acknowledged that there was a problem with the medication cabinet and the medications not being secured.	A 055		

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A 055	Continued From page 12 Class III	A 055		
AN275 SS=D	59A-36.022 FAC; 429.07(3)(c)3 FS LNS - Licensing 59A-36.022 Limited Nursing Services. Any facility intending to provide limited nursing services must obtain a license from the agency. 429.07(3)(c)3 A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed to provide extended congregate care services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility to obtain a limited nursing license. The facility was providing limited nursing services, [redacted] change, for one out of six sample residents (Resident #1). Finding include: A review of Resident #1 Demographic Sheet showed that the resident was admitted to the facility on [redacted]. A review of Resident #1 Health Assessment on [redacted], it showed that the resident had a [redacted] on the [redacted] area. The resident was receiving hospice care services.	AN275		

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AN275	Continued From page 13 A review of Resident #1 Hospice Recertification Plan of Care Update dated , the plan of care ordered the following: hospice nurse to provide instruction related to prevention and management of . The care plan has the following goals: (1) caregiver will verbalize and demonstrate measures to prevent and manage and (2) caregiver will verbalize and demonstrate appropriate and safe care. will be managed without and , will be controlled. A review of Resident #1 Hospice Care Report dated from to , regarding the , , it stated "if soiled or wet Primary Care Provider (PCG) change as needed". In an interview with the Administrator on at 7:02 AM, the Administrator stated that the hospice nurse trained her and Staff F on how to change the when it became soiled, and that she and her staff had been changing the . Class III	AN275		
A 056 SS=E	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	A 056		

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A 056	Continued From page 14 drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must 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	A 056		

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A 056	Continued From page 15 documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 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, the facility failed to followed physician's order for two out of six sample residents (Resident #1 and Resident	A 056		

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A	Continued From page 16 #4). Medications were administered more than one hour after the time they were prescribed. Findings include: A) A review of Resident #1 Medication Observation Record (MOR) for the month of , it showed that at 7:00 AM, the resident was schedule to take the following medications: 1. , 81 mg take one tablet by 2. 100 mg take one tablet by 3. Megestrol 40 mg take one tablet by 4. take one tablet by 5. cream apply to affected area Resident #1 required medication administration. At 8:34 AM on , it was observed that Staff G administered the medications to Resident #1. B) A review of Resident #4 Medical Observation Record (MOR) for the month of , it showed that at 7:00 AM, the resident was schedule to take the following medications: 1. 15 ml by each day 2. , 325 mg take one tablet by 3. , 20 mg take one tablet by 4. 8.6 mg take one tablet by Resident #4 required medication administration. At 8:42 AM on , it was observed that Staff G administered the medications to Resident #4. Class III	A 056		

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A 160	Continued From page 17	A 160		
A 160	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 ; 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 . (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,	A 160		

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A 160	Continued From page 18 with documentation of review and approval by the county emergency management agency, as 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	A 160		

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A 160	Continued From page 19 and moratoriums issued by the agency within the last 5 years. (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 an up-to-date admission and discharge record, and failed to provide an up-to-date staff schedule. In addition, the facility failed to maintain financial documents onsite. Findings as Follow: Review of the facility's admission and discharge log showed that three of the residents were not listed on the log, Residents 2, 3, and 7. Review of the three resident's record showed that Resident 2 was admitted on [redacted], Resident 3 was admitted on [redacted], and Resident 7 was admitted on [redacted]. Review of the staff schedule, showed a schedule dated [redacted] through [redacted]. No current staff schedule was available. On [redacted], at 5:46 AM, the Administrator acknowledged that the records were not up-to-date, and stated that she was updating and working on them. Interviewed on [redacted] at 7:02 am,	A 160		

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A 160	Continued From page 20 when asked for financial statements for the prior three months, the Administrator stated that she had no payroll records and that her husband, Person J had to help her with that. Class III	A 160		

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

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A 078	Continued From page 1 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure qualified staff were in the facility to perform their assigned duties consistent with their level of education, training, preparation, and experience. The facility had unknown and undocumented Persons (B, C, D, E) in the facility with Six Residents (#1, #2, #3, #4, #5, & #6), including four under hospice care. Findings: Observation on at 5:00AM found five unidentified Person B, Person C, Person D and Person E and asleep on the couch in the facility's	A 078		

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A 078	Continued From page 2 living room. Further observation revealed that there were six residents present. No staff was present. Interviewed on at 5:00AM when asked her name, Person B stated that she was Staff H. (caregiver) who was not present at the time of the visit. A review of the roster in the background screening photograph of Staff H did not match Person B. When asked to Identify who Person E was, Person B stated her name and date of birth. Person C when asked if she was an employee stated that she was a volunteer and presented identification. When Person D was asked for identification, she stated that she does not have any identification but provided a name. Observation on at 2:30PM found Persons B and D alone in the facility with six residents, including four under hospice care approximately eight (8) hours after the administrator was warned that undocumented and untrained including persons without level II background checks could not be in the building. On at 2:30PM when asked for identification, Person B stated that she did not have any identification with her. Person B then provide her birth name and gave her date of birth. Person B stated, "I have been here about one year. I used to work in the other facility." Interviewed on at 2:35PM, Person D stated, "I come once in a while." A review of the expired staffing pattern dated through , which was posted on the bulletin board found Person B and Person D listed. Photographic evidence obtained.	A 078		

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A 078	Continued From page 3 A review of the facility's roster in the background screening database showed that Person B, Person C, Person D, and Person E were not listed as employees. Further review found no documentation of an eligible level II background screening for Person B, Person C, Person D, and Person E. A review of the personnel records did not find any required trainings, including activities of daily living, self-administration of medication by an unlicensed staff, a written statement from a health care provider documenting that Person B, Person C, Person D, and Person E does not have any signs or symptoms of communicable A review of resident's #1 hospice record dated showed a diagnosis of . Reviewed Resident #1's Health assessment showed a diagnosis of 's , Myotonic , History of , Resident #1 was bedbound and needed total assistance with activities of daily living. The record stated further that resident had a . Resident was on a pureed diet and was having progressive and was coughing and choking episodes. Resident #1's medication order showed , 10 MG , 81 MG, 100 MG, Megestrol 40 MG, and 1000 MCG. There was no documentation in the hospice plan for Resident #1 to be repositioned every two hours. A review of Resident #'2 health assessment completed on show diagnoses of , Degenerative	A 078		

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A 078	Continued From page 4 . Activities of daily living showed resident needed assistance in ambulation, bathing, , eating, self-care, toileting and transferring. Resident needed assistance in self-administration of medication. A review of Resident #3's hospice records dated showed diagnoses of . Resident was bed bound and need total assistance in activities of daily living. Resident is on a pureed diet and has a for retention. A review of Resident 4's hospice records dated showed diagnoses of degenerative of the nervous system and . A review of Resident #4's health assessment with a completed date of showed resident needed total care in all activities of daily living. A Review of Resident #5's health assessment completed on showed diagnoses of , Right , Skin . Activities of daily showed assistance needed in bathing, , self-care, toileting, transferring, but supervision needed in ambulation and eating. Resident needs assistance with self-administration of medication. A review of Resident #6's health assessment completed on showed diagnoses of Disfunction, . Activities of daily showed resident needed	A 078		

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A 078	Continued From page 5 assistance bathing, [illegible], self-care, toileting, and supervision needed in ambulation, eating, and transferring. Resident needs assistance in self-administration of medication. 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 6-15 212 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. 3. At least one staff member who has access to facility and resident records in case of an	A 079		

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A 079	Continued From page 6 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 [illegible]. 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. 8. The administrator or manager's time may be counted for the purpose of meeting the required	A 079		

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	AL11965180	A. BUILDING: _____ B. WING _____	11/29/2022

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A 079	Continued From page 7 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 determination that additional staff is required. Based on the recommendations of the local fire	A 079		

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A 079	Continued From page 8 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 ensure adequate qualified staff were available to meet the scheduled and unscheduled needs of six out of six (#1, #2, #3, #4, #5, #6) sampled residents.	A 079		

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A 079	Continued From page 9 No qualified staff was present to care for the residents, including four residents under hospice care (#1, #2, #3, #4) who needed total care with all activities of daily living. The facility failed to provide the minimum required 252 Hours/Week for six (6) residents. Findings: Observation on at 5:00AM found five unidentified Person B, Person C, Person D and Person E and asleep on the couch in the facility's living room. Further observation revealed that there were six residents present. No staff was present. Interviewed on at 5:00AM when asked her name, Person B stated that she was Staff H. (caregiver) who was not present at the time of the visit. A review of the roster in the background screening photograph of Staff H did not match Person B. When asked to Identify who Person E was, Person B stated her name and date of birth. Person C when asked if she was an employee stated that she was a volunteer and presented identification. When Person D was asked for identification, she stated that she does not have any identification but provided a name. On at 2:30PM when asked for identification, Person B stated that she did not have any identification with her. Person B then provide her birth name and gave her date of birth. Person B stated, "I have been here about one year. I used to work in the other facility." A review of the facility's roster in the background screening database showed that Person B, Person C, Person D, and Person E were not listed as employees. Further review found no	A 079		

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A 079	Continued From page 10 documentation of an eligible level II background screening for Person B, Person C, Person D, and Person E. A review of the personnel records did not find any records for Person B, Person C, Person D, and Person E. Observation on at 2:30PM, approximately eight hours after the Administrator was informed that unqualified persons were found caring for residents, found Person B and Person D onsite alone with six residents, including four under hospice care. Observation on at 2:35 PM Resident #3 was sitting on the recliner and had a on the floor. According to the Center for Control and Prevention (CDC), noted the following recommendations to prevent associated : "Keep the collecting bag below the level of the at all times. Do not rest the bag on the floor." Interviewed on at 2:40PM, Person B stated regarding Resident "3's and its placement on the floor, "She has it because it retains liquid, and it is there so it does not ." A review of personnel records found no records for Persons B and D. There was no documentation of control trainings. Interviewed on at 6:11AM, the Administrator stated that she should have gotten background checks for Persons B, C, D and E. The Administrator stated further regarding the unqualified persons providing care to the residents, "I should have not done it, but good employees are hard to find." The administrator	A 079		

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A 079	Continued From page 11 stated initially that Person C was a volunteer who slept at the facility. However, when asked why the volunteer was sleeping at the facility, the Administrator stated that she knew volunteers couldn't sleep at the facility. She then stated that Staff C had been working for about one month. A review of resident's #1 hospice record dated ..... showed a diagnosis of ..... . Reviewed Resident #1's Health assessment showed a diagnosis of ..... 's ..... , Myotonic ..... , History of ..... Resident #1 was bedbound and needed total assistance with activities of daily living. The record stated further that resident had a ..... . Resident was on a pureed diet and was having progressive ..... and was coughing and choking episodes. A review of Resident #2's health assessment completed on ..... show diagnoses of ..... . The resident needed assistance with ambulation, bathing, ... eating, self-care, toileting and transferring. The resident needed assistance with self-administration of medication. Resident was under hospice care. A review of Resident #3's hospice records dated ..... showed a diagnosis of ..... . Resident was bed bound and need total assistance in activities of daily living. Resident was on a pureed diet and had a ..... for ..... retention.	A 079		

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A 079	Continued From page 12 A review of Resident 4's hospice records dated showed diagnoses of degenerative of the nervous system and . A review of Resident #4's health assessment completed on showed resident needed total care in all activities of daily living. A Review of Resident #5's health assessment completed on showed diagnoses of , Right , Skin . The resident needed assistance in bathing, , self-care, toileting, transferring, but supervision needed in ambulation and eating. The resident needed assistance with self-administration of medication. A review of Resident #6's health assessment completed on showed a diagnoses of Disfunction, . The resident needed assistance with bathing, , self-care, toileting, but supervision needed with ambulation, eating, and transferring. The resident needed assistance with self-administration of medication. 2. Observation on at 5:54AM Staff F (caregiver) was alone with five residents, including four under hospice care and Resident #1 with a . Interviewed on at 7:02AM, the Administrator stated that she was scheduled to work last night ( ) from 5:00PM-5:00AM but everything was falling behind. The Administrator stated that the staffing problem	A 079		

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A 079	Continued From page 13 started since Covid-19. A review of the staffing pattern dated - showed the Administrator on scheduled from 5PM-5AM but off on Friday 11/18. A review of the hospice care plan for Resident #1 dated showed the hospice care nurse provided the following instructions to caregivers for care: "Caregiver will verbalize/demonstrate appropriate and safe care. will be managed without . . . . and , . . will be controlled." A review of the expired staffing pattern dated through , . . , which was posted on the bulletin board found Person B and Person D listed. Photographic evidence obtained. Interviewed on at 7:02AM, the Administrator stated that the hospice nurse trained her (Administrator) and another staff on how to change the bandage when it appeared soiled on Resident #1's . Observation on at 8:31AM revealed that Staff G was a staff person arrived and conducted medication administration to Residents #1 and #4 at 8:34AM (resident#1) and 8:42AM (resident #4). On the medication observation record (MOR) noted 7:00AM. The medications were given more than one and a half hours after the scheduled time. A review of Residents #1's and #4's records showed no documentation that Staff G was coordinating care with the prescribers. Class I	A 079		

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A 083	Continued From page 14	A 083		
A 083 SS=L	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that the Administrator and Staff H (caregiver) could demonstrate and perform the appropriate technique in , , ( ) in the event of an emergency. Findings: Observation on at 3:38 PM, the Administrator and Staff H (caregiver) were alone with six residents, including four residents under	A 083		

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A 083	Continued From page 15 hospice care in the facility. Review of the personnel records found for Administrator and Staff H (caregiver) certification which showed an expiration date of 2024. Interviewed on at 3:38 PM when asked what she would do if a resident needed , Staff H stated she would give 20 , and a breath in between. Staff H stated further, "You really don't have to know. 911 instructs you anyway." Interviewed on at 3:39 PM when asked what she would do if a resident needed , the Administrator stated that she would give 20 , and a breath. The administrator stated further, "That's how it has always been." Review of records found Resident #5 and #6 without a ( ). Interviewed on at 3:41 PM, the Administrator stated that Resident #1 had a but there was no documentation in her records. The administrator stated further, "the others have a ." The administrator concluded that the were in the hospice records and that she wasn't aware she needed to have them in the facility record. A review of Resident's #1 hospice record dated showed a diagnosis of . Resident #1 was totally bed bound and needed total assistance with activities of daily living. The record stated further Resident #1 had a . Resident was on a pureed diet and was having progressive	A 083		

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A 083	Continued From page 16 and is coughing and choking episodes. Resident #1's medication order showed 10 MG A review of Resident #'2 health assessment completed on showed diagnoses of . Activities of daily living showed resident needed assistance with ambulation, bathing, eating, self-care, toileting and transferring. Resident needed assistance with self-administration of medication. A review of Resident #3's hospice records dated showed diagnoses of . Resident was bed bound and need total assistance in activities of daily living. Resident is on a pureed diet and has a for retention. A review of Resident 4's hospice records dated showed diagnoses of degenerative of the nervous system and . A review of Resident #4's health assessment with a completed on showed resident needed total care with all activities of daily living. A Review of Resident #5's health assessment completed on showed diagnoses of , Right , Skin . Activities of daily showed assistance needed in bathing, , self-care, toileting, transferring, but supervision needed in ambulation and eating. Resident needed assistance with self-administration of medication.	A 083		

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A 083	Continued From page 17 A review of Resident #6's health assessment completed on [redacted] showed a diagnosis of [redacted] Disjunction, [redacted] Activities of daily showed resident needed assistance bathing, [redacted], self-care, toileting, and supervision needed in ambulation, eating, and transferring. Resident needed assistance in self-administration of medication. Class II	A 083		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [redacted], 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 [redacted], 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, [redacted], or	A 162		

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A 162	Continued From page 18 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 [illegible] 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 [illegible] recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an [illegible] recipient, a copy of	A 162		

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A 162	Continued From page 19 the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 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	A 162		

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A 162	Continued From page 20 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 provide records for one of seven sampled residents, (Resident 3). Findings included: Review of all resident records showed, the facility did not have a complete record for Resident 3. The record was missing the demographics, and the contract between the facility and the resident. On . , at 2:55 PM, the Administrator stated the resident used to be a daycare participant, but the administrator could not provide a contract for that either. She provided an admission date of , the resident's date of birth, and the family contact information. Class III	A 162		

Agency for Health Care Administration

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	AL11965180	A. BUILDING: _____ B. WING _____	11/29/2022

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A 200	Continued From page 21	A 200		
A 200 SS=I	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 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	A 200		

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A 200	Continued From page 22 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 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	A 200		

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A 200	Continued From page 23 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. 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.	A 200		

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A 200	Continued From page 24 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 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	A 200		

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A 200	Continued From page 25 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. (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	A 200		

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A 200	Continued From page 26 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 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	A 200		

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A 200	Continued From page 27 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 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	A 200		

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A 200	Continued From page 28 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 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:	A 200		

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A 200	Continued From page 29 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 have the required fuel for the operation of the alternate power source to maintain room temperatures at or below 81 degrees in the event of the loss of primary power for a minimum of 48 hours. The facility failed to ensure that staff who were able to implement the comprehensive emergency plan were present at the facility. Findings: Observation on at 5:00 AM, found a Pulsar 5250 Generator. There was one red container of gasoline in the shed with 15 gallons of gasoline. The facility was required to maintain 48 hours of emergency fuel stored. The container in the shed had approximately 15 gallons of gasoline which would run for only 39 hours. Further observation revealed that Person B, an unqualified person acting in the capacity of staff,	A 200		

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A 200	Continued From page 30 did not know how to operate the generator. A review of the background screening database found no qualified staff in the facility. Person B (unqualified), Person C (unqualified), Person D (unqualified), and Person E (unqualified). Staff E remained on the sofa throughout the survey apparently asleep. A review of the personnel records of the facility found no training on file for any of the unqualified employees (Person B, Person C, Person D). The State of Florida was under a Tropical Storm warning on [redacted] according to the National Hurricane Center, Tropical Storm Nicole was on its way and the possibility of developing into a hurricane (75 mile per hour or more). The Hurricane season began on [redacted] and will end on [redacted]. According to the Florida Disaster database, Hurricane Season is the time of the year when tropical cyclones, tropical [redacted], tropical storms, and hurricanes develop. Interviewed on [redacted] at 6:30 AM, the Administrator stated that she was going to buy more fuel. The administrator stated that Person C was a volunteer. Class II	A 200		