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
	AL11965370	A. BUILDING: _____ B. WING _____	01/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE ALTAMONTE SPRINGS	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714

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A 000	Initial Comments A six-month survey and Complaint Investigation #2022015119 was conducted on [redacted]. Brookdale Altamonte Springs had deficiencies at the time of the visit.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician	A 010		

AHCA Form 3020-0001

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

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A 010	Continued From page 1 who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible], [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within	A 010		

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A 010	Continued From page 3 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C.	A 010		

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A 010	Continued From page 4 This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain an updated 1823 Health Assessment to reflect the resident's health decline due to multiple with resulting in several hospitalizations to assess the resident's continued residency in the assisted living facility for 1 of 7 sampled residents (#7). Findings: Resident #7's record revealed an admission date . The last 1823 Health Assessment dated was a hospital visit of a . It listed a medical history included of the left , essential primary , of right , 's , , and history of . He needed supervision with all activities of daily living: bathing, ambulation, grooming, transferring, transferring, toileting and eating. He needed special precautions for stand-by assistance when ambulating. He ambulated with a wheelchair and needed assistance with self-administration of medications. An order dated for left . Resident #7 complaining of acute left from . Portable due to risk. Right series ( ). Diagnosis: acute right . Home Health for skilled nursing to evaluate & treat large to right arm. THIS IS NOT A SENTENCE. WHEN DID THE RESIDENT COMPLAIN OF ? A facility note dated at 10:15 PM by Nurse I documented that resident #7 has declined physically and mentally since . He had several which resulted in rehabilitation and	A 010		

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A 010	Continued From page 5 emergency room . . . . He is more compliant since regarding wheelchair and asking for help, and receives Home Health skilled nursing. On at 10:28 PM, Nurse I documented that resident #7 was discovered on the floor in the kitchen area on at 9:30 PM. She wrote that the resident said he was reaching for a snack and when he sat down in the wheelchair. The wheelchair was not locked, and he on his . The resident denied injury and , . His son and doctor were notified. Resident #7's hospital record, dated . . . . . , reflected that he had a left , / , and on12/29/2022 at 6:44 AM, he and the left acetabulum, left . . . pubic . . . , 4 . . . . . right . . and a collapsed right . On at 11:09 PM, Nurse K documented that resident was found on the floor after his wife called alerting staff that he had . . . . He stated he used the wheelchair to go to bed but stood up and lost his balance. He said he backward and hit his . . . He complained of , to his and left , . 911 was called and the resident was taken to the local hospital. On . . . . . at 10:19 AM, Nurse I documented that the resident was currently out of the facility due to a left . . . . of the . . . that occurred during on . . Surgical repair was not done. The resident was currently at a rehabilitation facility. There was no documentation when resident #7 returned to the Assisted Living Facility community from rehabilitation, and no	A 010		

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A 010	Continued From page 6 documentation of any discharge orders from rehabilitation for any home health , , and/or . On at 10:23 PM, Nurse I documented Resident #7 was discovered on the bedroom floor at approximately 8:40 PM. The resident was bending down trying to get a diaper from the corner of the room. He became , and . A was noted to his left , and he stated he hit the left side of his . 911 was called and transported him to the local hospital at 9:30 PM due to and , . His son and physician were notified. On at 3:56 PM, the Health Wellness Director documented the resident returned from the hospital to the facility at approximately 11:30 AM. The Health Wellness Director wrote that the resident "had no noted by hospital. His vitals (vital signs) normal." Photographic evidence was obtained. There was no documentation of any additional discharge orders from the hospitalization on for home health , , , and/or , , that needed to be increased. The hospital record dated reflected that the resident had 4 right and a collapsed right . On at 9:10 PM, Nurse I documented that the resident was transferred to the hospital on due to a . According to Resident #7's son, he sustained a , , and is still currently at the hospital.	A 010		

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A 010	Continued From page 7 There was no facility documentation of when and where the . on ..... occurred. On ..... at 11:01 AM, resident #7's spouse stated that her husband did not listen, kept falling, and ended up in the hospital. She further stated that her husband was currently at a rehabilitation facility. She said hopefully he can come .... to the facility. The wife and resident #7 resided at the facility together. On ..... at 4:45 PM, the Health Wellness Director confirmed the findings. Class III	A 010		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of ... or ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such ... or ... The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making ... for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the	A 025		

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A 025	Continued From page 8 necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on resident record review, facility's documentation, and interview, the facility failed to provide appropriate supervision related to for	A 025		

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A 025	Continued From page 9 3 of 7 sampled residents by not following the facility's policy and procedures with implementing interventions and precautions in place (#6, 7 & 9), and failed to maintain accurate written documentation that the healthcare provider and family were notified as required. Findings: 1. Resident #6's record revealed an admission date . The last 1823 Health Assessment dated listed medical history including , sleep , and . She needed assistance with activities of daily living with bathing, ambulation via wheelchair and toileting, supervision with , and transferring. She was independent with eating and grooming, and could administer her own medications. On at 9:27 AM, Resident #6 on the assisted living facility's bus. Resident #6 was the only resident riding on the bus to a doctor's . The hospital record, dated , reflected that there the resident sustained a closed lower left ankle and a closed displaced of the right 5th bone of left from the . There was no facility documentation regarding the resident's on the bus on until on , when Nurse I documented that resident #6 was currently in rehab due to a of the lower left , which occurred on , and which required surgical repair. On at 4:35 PM, Nurse I documented Resident #6 had a surgical scar on the left outer	A 025		

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A 025	Continued From page 10 aspect of the ankle, 9 centimeters (cm.) in length by 1 cm. in width, and a surgical scar above the fifth [illegible] 1 cm. in length by 0.5 cm. in width. Surgical scars were healing well, and there were no signs of [illegible]. On [illegible], an order for skilled nursing was to begin for [illegible] care, a month after the surgery. There was no other documented evidence that anything was put into place until [illegible]. On [illegible], the facility received an order from the Home Health Agency to apply silver [illegible] directly over the [illegible] to the lateral left [illegible] followed by a large [illegible] aid every other day. On [illegible] at 2:02 PM, Nurse I documented that an order was received for skilled nursing for [illegible] care to the surgical site on left [illegible]-ankle. The Health Wellness Director emailed this order directly to the home health agency that resident #6 was currently completing [illegible]. On [illegible] at 11:13 AM, resident #6 stated that she was the only resident riding the bus on the day of accident. No one else was on the bus but her and driver H. Resident #6 stated she had her scooter in the [illegible] and when she was trying to switch from the bus seat to her scooter, when she tripped on the belt strap holders located on the floor which secure wheelchairs. Resident #6 said that she went directly to the hospital after the incident. She said she had to have surgery and rehabilitation. Resident #6 said she was doing well and continuing her physical and [illegible]. Resident #6 said she no longer rides the bus with her scooter. She now rides the bus with her wheelchair because her son told her to. Resident #6 said that since the accident on	A 025		

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A 025	Continued From page 11 , the facility removed the belt strap holders from the bus floor when not in use. On at 2 PM, the Maintenance Director opened the facility bus doors for observation. Drivers H and L know to remove the belt strap holder from the floor when no residents with wheelchairs are in use, and store them in a storage bag, so that the bus floor will be a smooth surface and the strap holders will not be in the way. WHO SAID THIS, THE MAINTENEANCE DIR? The Maintenance Director further stated that he will complete a refresher education training to both bus drivers H and L to never put scooters on the bus. The use for the strap holders are for the wheelchairs only. He further stated that driver H was driving the assisted living facility's bus during the accident with resident #6 on . He said driver H was an "as needed" driver, borrowed from the sister assisted living facility when permanent driver L was out or on vacation. Photographic evidence was obtained. 2. Resident #7's record revealed an admission date of . The last 1823 Health Assessment, dated , listed a medical history including of left , essential primary , , of right , 's , , and a history of . He needed supervision with activities of daily living for bathing, ambulation, grooming, transferring, transferring, toileting and eating. He had special precautions for stand-by assistance when ambulating. He ambulated with a wheelchair and needed assistance with self-administration of medications. The hospital record dated reflected	A 025		

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A 025	Continued From page 12 that he had a left , a left , , and a left , ring. On at 11:09 PM, Nurse K documented that resident #7 was found on the floor after his spouse called alerting staff that he had . He stated he used wheelchair to go to bed but stood up, lost his balance, backward, and hit his . He complained of , to his and left , . 911 was called, and he was transferred to the local hospital. On at 10:19 AM, Nurse I documented that resident #7 was currently out of the facility due to left of the that had occurred during on . She revealed that there was no surgical repair done and he was currently at a rehabilitation facility. There was no documentation when resident #7 returned to the assisted living facility from rehabilitation, and there was no documentation of any discharge orders from rehabilitation to continue with , , , and . On at 10:23 PM, Nurse I document that the resident #7 was discovered on the bedroom floor at approximately 8:40 PM. The resident stated he was bending down trying to get an adult underwear from the corner of the room when he became , and . He sustained a small on the left and said he hit the left side of his . 911 was called and transferred him to the local hospital at 9:30 PM due to the and , Nurse I wrote that the son and physician were notified. On at 3:56 PM, the Health Wellness Director documented that resident #7 returned	A 025		

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A 025	Continued From page 13 from hospital to the facility today at approximately 11:30 AM and had no noted by the hospital. Photographic evidence was obtained. There was no documentation of any additional discharge orders from hospitalization on to begin , and and . On at 9:10 PM, Nurse I documented that resident #7 was transferred out to the hospital on due to a , and she spoke to son that resident #7 had sustained and a , . There was no facility documentation of when and where the above on occurred at the facility. The hospital record dated documented he had 4 right and a collapsed right . On at 11:01 AM, Resident #7's spouse stated that her husband did not listen to his , , kept falling, and ended up in the hospital and then rehabilitation. The spouse stated that her husband was currently at a rehabilitation facility. 3. Resident #9's record revealed an admission date of . The last 1823 Health Assessment dated listed medical history of right , right , nailing on , , , , , acute loss, and . She needed supervision with bathing, , toileting and transferring, was independent with ambulation, eating, grooming. She was a risk and had low endurance in physical limits. Resident #9 had imbalanced gait with ,	A 025		

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A 025	Continued From page 14 , which decreased sensation, and poor safety awareness. She needed assistance with self-administration of medications. On at 9:11 PM, resident #9 and sustained a right . There were no facility notes regarding the on until on at 12:24 AM by Nurse I. She documented that resident #9 rested comfortably in his room and the sister was staying with the resident that night. A new order, dated , was received for daily administration of , injections for 10 days, and the sister will administer the injections to the resident. The hospital record dated documented that the resident had an acute displaced right with impaction and across angulation. The documentation revealed that on , a right , nailing surgery was completed. The facility did not conduct and document an internal investigation from this incident. On at 4:41 PM, the Health Wellness Director documented that resident #9's day-1 post monitoring was completed since the resident's return from rehabilitation post surgery. Resident #9 required the use of a walker for short distances, and the wheelchair for long distances. On at 3:44 PM, Nurse I documented that Resident #9 sustained a right on from a . After surgical repair, Resident #9 went to a rehabilitation facility and returned to the facility on . Resident #9	A 025		

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A 025	Continued From page 15 was to use the wheelchair for long distances and the walker for short distances. On , Home Health ordered , almost one month after the on . On , Home Health ordered , one month after the on . Photographic evidence was obtained. There was no documentation and no additional skilled nursing discharge orders found from the hospital for care to the right . On at 5 PM, an exit interview with the Administrator and Health Wellness Director confirmed the findings. Class II	A 025		
A 031 SS=B	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to	A 031		

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A 031	Continued From page 16 coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the	A 031		

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A 031	Continued From page 17 timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on facility record review and interview, the facility failed to ensure its policy regarding third party providers contained the required language that the third party was required to coordinate with the facility regarding the resident's condition and the services being provided. Findings: Review of the third party provider policy provided by the Administrator revealed it was last revised _____ and was specific only to the requirement for third party providers to sign in and out of the facility. It did not contain the required language that the providers were required to coordinate with the facility regarding the resident's condition and the services being provided. On at 4:15 PM, the Administrator confirmed the finding and was unable to provide additional policies or related documentation. Class	A 031		

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A 052	Continued From page 18	A 052		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit	A 052		

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A 052	Continued From page 19 dose of [redacted] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [redacted]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [redacted], converting, or [redacted] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [redacted] of the body. (d) Administration of [redacted] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [redacted], or [redacted] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.	A 052		

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A 052	Continued From page 20 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,	A 052		

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A 052	Continued From page 21 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to ensure the unlicensed staff who assisted 3 of 3 sampled residents with medications followed the correct procedures (#11, #12 & #13). Findings: On at 9:10 AM, Caregiver E carried three medication cups that each held pills. Each cup had a paper souffle cup on top of the pills and room numbers 200, 227 and 246 were handwritten on them. The caregiver said she was	A 052		

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A 052	Continued From page 22 a trained medication technician (Med Tech). When asked about the meds being pre-poured, she said, "I'm helping someone else" who was giving medications. 1. On at 9:14 AM, Caregiver E entered resident #11's room and asked the resident if she had eaten breakfast. The resident replied that she had not. Caregiver E said she could not give the resident her medication until she ate breakfast. Caregiver E went to Caregiver F, handed her the three medication cups, and said she had to go get resident #11's breakfast. On at 9:25 AM, Caregiver F said she and Caregiver E were scheduled to give meds together and since she was running behind, she poured the medication and Caregiver E took them to the residents. She placed resident #11's cup of pills in the medication cart and said once the resident ate breakfast, she would give them to her. Resident #11's 1823 health assessment form indicated the resident required assistance with self-administered medications. 2. On at 9:37 AM, Caregiver F took resident #12's pre-poured medication into the resident's room and told the resident, "I have your medicine". The resident took them without assistance. Resident #12's 1823 health assessment form indicated the resident required assistance with self-administered medications. 3. On at approximately 9:45 AM, Caregiver F took resident #13's pre-poured medication to the resident's room and told the	A 052		

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A 052	Continued From page 23 resident, "I have your medicine". The caregiver poured the pills into the resident's and the resident took them without assistance. Resident #13's 1823 indicated the resident required assistance with self-administered medications. Caregivers E and F did not follow the correct procedures. They did not take the medication, in its previously dispensed, properly labeled container, from the medication cart, and bring it to the resident. In the presence of the resident, they did not confirm that the medication was intended for that resident, orally advising the resident of the medication name and dosage, open the container, remove a prescribed amount of medication from the container, and close the container. Caregiver E's personnel record revealed a 6-hour medication assistance training certificate and a 2-hour medication training annual update. Caregiver F's personnel record revealed a 6-hour "Medication Assistance" training certificate. Class III	A 052		
A 162 SS=B	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race,	A 162		

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A 162	Continued From page 24 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, ..., or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or	A 162		

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A 162	Continued From page 25 administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable.	A 162		

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A 162	Continued From page 26 (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on resident record reviews and interview, the facility failed to ensure the informed consent for unlicensed staff to assist with self-administered medications indicated whether or not the unlicensed staff would be overseen by	A 162		

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A 162	Continued From page 27 a nurse for 1 of 7 sampled residents (#18). Findings: Review of resident #18's consent for unlicensed staff to assist the resident with medications revealed it did not indicate whether or not the unlicensed staff would be overseen by a nurse. On at 2:10 P.M. the administrator confirmed the finding. Class	A 162		
A 167 SS=B	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965370	A. BUILDING: _____ B. WING _____	01/10/2023

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A 167	Continued From page 28	A 167		

deposit payments, and the refund policy for such advance or deposit payments;
(g) A refund policy that must conform to section 429.24(3), F.S.;
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or [illegible] facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;
(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility;
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;
(k) A provision that residents must be assessed

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A 167	Continued From page 29 upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, ... (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee	A 167		

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A 167	Continued From page 30 or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and [illegible] of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the	A 167		

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A 167	Continued From page 31 facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or [illegible] (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or [illegible] facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or [illegible] imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty	A 167		

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A 167	Continued From page 32 in the event of a resident's . . . or relocation due to , , hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the residency agreement for 2 of 7 sampled residents contained a list of the specific limited nursing services, supplies and accommodations to be provided by the facility to the resident (#5 & #18). Findings: Resident #5's residency agreement was dated . . . . . . Resident #18's residency agreement was dated . Neither agreement contained a list of the specific limited nursing services, supplies and accommodations to be provided by the facility. On at 2:10 PM, the Administrator confirmed the findings. Class	A 167		