

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910716	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH LAKE RETIREMENT HOME

**1222 NORTH 16TH AVENUE
HOLLYWOOD, FL 33020**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaints (#2022013762, #2022014580, #2022011833, #2022012044, and #2022016258), and Generator Monitoring survey was conducted on _____ through _____, at North Lake Retirement Home. The facility had deficiencies identified related to the Relicensure and Complaint #2022013762 and #2022011833 at the time of the survey.	A 000		
A 030	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	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 030	Continued From page 1 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 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	A 030			

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A 030	Continued From page 2 capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. 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	A 030		

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A 030	Continued From page 3 resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making for health care services, the provision of or arrangement of transportation to health care, 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	A 030			

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A 030	Continued From page 4 provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (I) 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	A 030		

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A 030	Continued From page 5 kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a process or protocol in place for the receipt and delivery of resident's mail, potentially affecting the 110 residents currently residing in the facility and specifically affecting Resident #1, Resident #3, Resident #6 and	A 030			

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A 030	Continued From page 6 Resident #10, who have expressed to Administration via grievances they are not receiving their mail. The findings included: A request was made on _____ at 9:20 AM to Administrative Assistant Staff C for a copy of the facility's Grievance Policy and Procedure. At 10:00 AM a copy of the facilities Grievances folder was provided to this Surveyor which did not contain a Grievance Policy and Procedure. Administrative Assistant Staff C stated we do not have a Grievance Policy and Procedure On _____ at 11:21 AM, during an interview conducted with Resident #1 he stated that he does not receive his mail from the facility. Further interview with Resident #1 revealed he had reported several concerns about not receiving his mail to Assistant Administrator Staff H and nothing was done. On _____ at 11:21 AM, during an interview conducted with Resident #3 he stated that he does not receive his mail from the facility. Further interview with Resident #3 revealed he had reported several concerns about not receiving his mail to the Assistant Administrator Staff H and nothing was done. On _____ at 10:00 AM, during an interview conducted with Resident #6 she stated that she does not receive her mail from the facility. Further interview with Resident #6 revealed she had reported her concerns about not receiving her mail to Assistant Administrator Staff H and nothing was done. On _____ at 2:26 PM, during an interview	A 030		

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A 030	Continued From page 7 conducted with Resident #10 she stated that she had requested her mail from Assistant Administrator Staff H several times, but it was not given to her by the facility. Further interview with Resident #10 revealed she had reported several concerns about not receiving her mail to Assistant Administrator Staff H and nothing was done. On at 2:49 PM, an interview was conducted with the Administrator who stated he sorts the mail himself, and the Administrative Assistant Staff C distributes it at night. No additional information was provided at this time. On at 2:32 PM, an interview was conducted with Assistant Administrator Staff H regarding the residents complaining about not receiving their mail. Assistant Administrator Staff H stated residents are given their mail, however they do not have a record to show when the mail was delivered to the residents. Assistant Administrator Staff H further stated that going forward he would keep a signed record when mail is delivered to the residents. Class III	A 030			
A 081	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the	A 081			

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A 081	Continued From page 8 employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to	A 081		

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A 081	Continued From page 9 facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to bloodborne pathogens, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:	A 081		

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A 081	Continued From page 10 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure that 2 of 6 sampled direct care staff (Staff D and Staff E) completed the required mandatory in-service training. The findings included: 1) Review of Staff D's personnel file revealed she was hired on _____ as a Caregiver, and was observed assisting residents in the TV area, seating, serving, and attending to resident's needs. Review of her personnel file revealed it did not contain the mandatory in-services to include the 2-hour Pre-Service Orientation as required prior to interacting with residents, Elopement	A 081			

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A 081	Continued From page 11 Response Training, Reporting Major Incidents, Reporting Adverse Incidents, and Facility Emergency Procedures. 2) Review of Staff E's personnel file revealed she was hired on _____ as a Caregiver and provides direct care to residents. Review of her personnel file revealed that Caregiver Staff E's personnel file did not contain documentation of her training in Elopement Response Training and the 2-hour Pre-Service Orientation as required prior to interacting with residents. In an interview conducted with the Assistant Administrator on _____ at 3:00 PM, he was notified of the missing training documentation for Staff D and Staff E and was provided an opportunity to review the employee's personnel files for the documents. In an interview conducted with the Administrator on _____ at 3:27 PM, he stated there were no other training documents found, and he was unable to find any documents showing completion of the missing trainings for Staff D and Staff E. No additional documentation was provided during the survey. Class III	A 081			
A 082	59A-36.011(4) FAC Training - / . (4) _____ (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on	A 082			

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A 082	Continued From page 12 and _____, including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on, record review and interview the facility failed to ensure that 1 of 6 sampled staff (Staff E), had evidence of the required mandatory _____ (_____) training in their personnel file for review. The findings included: Review of Caregiver Staff E's personnel file revealed she was hired on _____ to work the 7:00 PM to 8:00 AM shift as a resident Caregiver. Caregiver Staff E was observed assisting and attending to the residents. Further review revealed no evidence of the required training for _____ available in her personnel file. In an interview conducted with the Administrator on _____ at 3:27 PM, he was advised the _____ training was not available for review in Caregiver Staff E's personnel file. He was given an opportunity to review the personnel file to locate the missing information. No additional information was provided. Class III	A 082		
A 090	59A-36.011(11) FAC Training - _____	A 090		

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A 090	Continued From page 13 (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to have documented evidence to indicate that 1 out of 6 sampled staff (Staff E), received training on the facility's Policy and Procedures regarding (). The findings included: Review of Staff E's personnel file revealed she was hired on as a Caregiver to work the 7:00 PM to 8:00 AM shift. Caregiver Staff E was observed assisting and attending to residents. Further review of the personnel file revealed no documentation to indicate she received training in the facility's Policy and Procedures. In an interview conducted with the Administrator on he was advised that the training was not available for review in Caregiver Staff E's personnel file. He was given an opportunity to review the personnel file. No additional information was provided.	A 090		

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NAME OF PROVIDER OR SUPPLIER NORTH LAKE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020		
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A 090	Continued From page 14 Class III	A 090		
A 123	429.27() FS; 59A-36.013(2) FAC Fiscal - Resident Trust Funds 429.27 (3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of \$500 and funds of the resident not in excess of \$500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of \$500. (4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property to the account of a resident shall also be entitled to receive such statement annually and upon the	A 123		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

NORTH LAKE RETIREMENT HOME

**1222 NORTH 16TH AVENUE
HOLLYWOOD, FL 33020**

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A 123	Continued From page 15 discharge or transfer of the resident. (5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies. 59A-36.013 (2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds. This Statute or Rule is not met as evidenced by:	A 123		

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A 123	Continued From page 16 Based on record review and interview, the facility failed to ensure residents who relied on the facility to manage their personal monetary funds were provided with financial statements, specifically affecting Resident #9, Resident #10 and Resident #12. The findings included: On at 1:46 PM during a -to- interview with Resident #9, he stated the facility takes care of his finances, but he is not aware if there is money left over after the facility takes their portion of the money for rent. He went on to say he would like to receive a statement. On at 1:46 PM during a -to- interview with Resident #10, she confirmed she signed for the facility to receive her monthly Social Security funds to pay for her to reside at the facility. She also stated the facility does not provide her with a financial statement reflecting her account, as to what is paid, or if there are any funds left over. On at 1:46 PM, during a -to- interview with Resident #12, she stated they do not receive financial statements from the facility, and she would like to know about her money. She also stated that she would like to know about funds (amount) coming in for her. On at 3:27 PM, during an interview conducted with the Assistant Administrator, he confirmed the facility does not provide residents with their financial statements as they had done in the past. Upon further inquiry, he stated the reason why was because when financial statements were provided to the residents, some of them would throw them away.	A 123		

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A 123	Continued From page 17	A 123		
CZ841	Class III 408.823() FS In-person Visitation (1) This section applies to _____ centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part _____ of chapter 400, intermediate care facilities for the _____ licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include _____ control and education policies for visitors; screening, personal protective equipment, and other _____ control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1) (d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any _____ or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the	CZ841		

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CZ841	Continued From page 18 essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or	CZ841			

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CZ841	Continued From page 19 change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure their Visitation Policy met the regulatory guidelines by including all required components of the regulation. The findings included: On at 9:30 AM, the Visitation Policy was requested from Administrative Assistant Staff C. After review of the facility Visitation Policy it revealed it did not address all the components of the new State visitation requirements established on During an interview conducted with the Administrator, he was informed their Visitation Policy did not address 'Consensual physical contact.' Further, he was advised that review of the facility website, their Visitation Policy was not available for review on their facility website at www.northlakeretirementhome.com. Unclassified	CZ841			