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
	AL11968413	A. BUILDING: _____ B. WING _____	02/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSE GARDEN OF ORLANDO	9309 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837

(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 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a 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 observations, record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation and experience by allowing an unlicensed caregiver (C) to perform care on 1 of 2 sampled residents (#7), failed to ensure the personnel record for 1 of 5 sampled staff contained documented evidence of a negative ( ) exam on an annual basis (C) and failed to ensure 2 of 5 sampled staff submitted a written statement from a health care provider documenting freedom from communicable within 30 days after	A 078		

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A 078	Continued From page 2 beginning employment (D and administrator). Findings: 1. On at 2:21 pm, resident #7 said he went to the hospital in because he had an in a on his right . He said while there, a was applied to his on . He removed his shoe and a gauze wrap that was dated (later determined that the was applied on but was dated wrong) was wrapped around his . All of the on his right were previously . He said caregiver C applied the gauze that was currently on there and that prior to that, the had not been changed since he returned from the hospital. He said that since his return he's been telling all staff who would listen that he needed care to his . He said the staff's response was always "we'll get to it, we'll get to it". He said there was some kind of issue with his insurance that hindered his ability to have home health service, but he was unaware of the details. On at 2:32 pm, caregiver C said a doctor looked at the resident's on that day however, that could not be true since the caregiver's gauze still covered the . The caregiver said she did change the as the resident said and she did so by cleansing the with soap, patting it dry, placing two gauze on the then wrapping it with gauze. She said she did not document anywhere that she did the care. On at 2:45 pm, the administrator said the facility did not employee a nurse. She would call home health if a nurse was needed.	A 078		

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A 078	Continued From page 3 On at 4:20 pm, the administrator said she did not know that caregiver C changed resident #7's . On at 4:45 pm, caregiver C said she provided care and changed the because the resident kept saying it needed to be changed and he was becoming increasingly agitated over it. Caregiver C was also concerned about the becoming worse. She said the date she changed the was actually and she made a mistake when she dated it . On at 5:30 pm the were looked at with home health nurse F. A was on the resident's right inner heel and measured approximately 1 centimeter (cm) x 1 cm x 0.1 cm. 100% of the bed was pale in color. A on his right lateral measured approximately 3 cm x 3 cm, was purple in color and covered with a scab. 2. Review of caregiver C's personnel record revealed a hire date of . The record contained a written statement from a health care provider documenting freedom from communicable . It did not contain documentation of a negative exam annually thereafter and did not contain evidence to indicate she was licensed to provide care. 3. Review of caregiver D's personnel record revealed a hire date of . The record did not contain a written statement from a health care provider documenting freedom from communicable . 4. On at 9 am, when asked by the	A 078		

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A 078	Continued From page 4 surveyor who the facility's administrator currently was, the co-owner said the administrator identified on the Florida health finder website was "still on the books" as the administrator and "still helped out". On . . . . . at 9:15 am, during a phone interview with the person listed as administrator on Florida health finder, she said that she was no longer the facility's administrator and that she called the agency approximately two months prior to report that she was no longer in that role. She said she was the administrator of another facility and that although she did help this facility, she did so only in the business office. On . . . . . at 9:28 am, review of the facility's employee background roster revealed the previous administrator's employment end date was . On at 2:45 pm, the co-owner said the previous administrator "is still on our books for our license. She does bookkeeping for us off campus and helps with staff training. She answers questions for me." The co-owner said that she herself was at the facility days each week. When told by the surveyor that the previous administrator denied being currently employed in that role, the co-owner said "I guess I would be the administrator and I'm in the process of taking the Core test". She also said neither she nor the other co-owner notified the agency within 10 days of there being a change in the administrator. On . . . . . at 11:30 am, when the administrator was asked for her personnel record she replied "I can't find it. I'm not usually here. I've done everything" (trainings and exam).	A 078		

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A 078	Continued From page 5 On at 2 pm, the administrator said she was unable to provide additional documentation for any of the staff records. Class III	A 078		
A 082 SS=D	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 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 personnel record reviews and interview, the facility failed to ensure 1 of 5 sampled staff completed a one-time education course on and within 30 days of employment (administrator). Findings: On at 9 am, when asked who the facility's administrator currently was, the co-owner said the administrator identified on the Florida health finder website was "still on the books" as the administrator and "still helped out". On at 9:15 am, during a phone interview	A 082		

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A 082	Continued From page 6 with the person listed as administrator on Florida health finder, she said that she was no longer the facility's administrator and that she called the agency approximately two months prior to report that she was no longer in that role. She said she was the administrator of another facility and that although she did help this facility, she did so only in the business office. On at 9:28 am, review of the facility's employee background roster revealed the previous administrator's employment end date was ..... On ..... at 2:45 pm, the co-owner said the previous administrator "is still on our books for our license. She does bookkeeping for us off campus and helps with staff training. She answers questions for me." The co-owner said that she herself was at the facility days each week. When told by the surveyor that the previous administrator denied being currently employed in that role, the co-owner said, "I guess I would be the administrator and I'm in the process of taking the Core test". She also said neither she nor the other co-owner notified the agency within 10 days of there being a change in the administrator. On at 11:30 am, when the administrator was asked for her personnel record, she replied "I can't find it. I'm not usually here. I've done everything" (trainings and exam). She was unable to provide documentation to indicate she completed a one-time education course on and . Class III	A 082		

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A 083	Continued From page 7	A 083		
A 083 SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently 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 personnel record reviews, review of staffing schedules and interview, the facility failed to ensure a staff member who was trained in both ( ) and first aid was in the facility at all times. Findings: Review of the facility's staffing schedule revealed caregivers A, B and C were scheduled to work on from 6am-2pm and caregivers D and E from 2pm-10pm. All five caregivers were seen in the facility during their	A 083		

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A 083	Continued From page 8 scheduled shift on . . . . . . Review of caregiver B's, C's and D's personnel records revealed none of them were trained in . . and first aid. On . . . . . at 2:15 pm, a request was made of the administrator to provide documentation to indicate a staff member who was trained in both and first aid was in the facility on between 6am-10pm, but she was unable to do so. Class III	A 083		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (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	CZ815		

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CZ815	Continued From page 9 living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of 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.	CZ815		

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CZ815	Continued From page 10 (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged 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	CZ815		

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CZ815	Continued From page 11 was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency 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	CZ815		

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CZ815	Continued From page 12 license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining ◡ , 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	CZ815		

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CZ815	Continued From page 13 disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position 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.	CZ815		

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CZ815	Continued From page 14 However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observations, personnel record reviews, review of the Agency's background screening website and interviews, the facility failed to ensure 1 of 5 sampled staff who required a background screening did not have any disqualifying offenses (administrator). Findings: On at 9 am, when asked who the facility's	CZ815		

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CZ815	Continued From page 15 administrator currently was, the co-owner said the administrator identified on the Florida health finder website was "still on the books" as the administrator and "still helped out". On at 9:15 am, during a phone interview with the person listed as administrator on Florida health finder, she said that she was no longer the facility's administrator and that she called the agency approximately two months prior to report that she was no longer in that role. She said she was the administrator of another facility and that although she did help this facility, she did so only in the business office. On at 9:28 am, review of the facility's employee background roster revealed the previous administrator's employment end date was ..... On ..... at 2:45 pm, the co-owner said the previous administrator "is still on our books for our license. She does bookkeeping for us off campus and helps with staff training. She answers questions for me." The co-owner said that she herself was at the facility days each week. When told by the surveyor that the previous administrator denied being currently employed in that role, the co-owner said "I guess I would be the administrator and I'm in the process of taking the Core test". She also said neither she nor the other co-owner notified the agency within 10 days of there being a change in the administrator. On at 11:30 am, when the administrator was asked for her personnel record, she replied "I can't find it. I'm not usually here. I've done everything (trainings and exam). Honestly, I didn't think I needed it (background check)".	CZ815		

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CZ815	Continued From page 16 Review of the agency's background screening website on [redacted] at 1:30 pm revealed the administrator required a new screening. Unclassified	CZ815		
A 000	Initial Comments A complaint investigation #2022019008 was conducted at The Rose Garden of Orlando on [redacted] and [redacted]. The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.	A 025		

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A 025	Continued From page 17 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 observations, record reviews and interviews, the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility by failing to make sufficient efforts to obtain medical care and treatment for 1 of 2 sampled residents who had a	A 025		

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A 025	Continued From page 18 (#7). Findings: Review of resident #7's record revealed a facility admission date of . A 1823 indicated his diagnoses included and of the right . On "resident was sent to the hospital for leakage from his with a strong odor". A hospital discharge summary indicated the resident's admitting diagnoses was right . His discharge diagnoses was of right heel associated with . On a health care provider ordered home health care for his right . On at 2:21 pm, resident #7 said he went to the hospital in because he had an in a on his right . He said while there, a was applied to his on . He removed his shoe and a gauze wrap that was dated (later determined that the was applied on but was dated wrong) was seen wrapped around his . All of the on his right were previously . He said caregiver C applied the gauze that was currently on there and that prior to that, the had not been changed since he returned from the hospital. He said that since his return he's been telling all staff who would listen that he needed care to his . He said staff's response was always "we'll get to it, we'll get to it". He said there was some kind of issue with his insurance that hindered his ability to have home health services,	A 025		

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A 025	Continued From page 19 but he was unsure of the details. On . . . . . at 2:32 pm, caregiver C said a doctor looked at the resident's on that day however, that could not be true since the caregiver's gauze ˘ still covered the . . . . . The caregiver said she did change the . . ˘ as the resident said and she did so by cleansing the . . . with . . . . . soap, patting it dry, placing two gauze . . ˘ on the . . . . then wrapping it with gauze. She said she did not document anywhere that she did the . . . . care. On . . . . . at 2:45 pm, the administrator said the facility did not employee a nurse. She would call home health if a nurse was needed. On . . . . . at 4:45 pm, caregiver C said she provided care and changed the ˘ because the resident kept saying it needed to be changed and he was becoming increasingly agitated over it. Caregiver C was also concerned about the becoming worse. She said the date she changed the . . . . ˘ was actually and she made a mistake when she dated it . . . . . . On . . . . . at 5:30 pm the . . . . were looked at with home health nurse F. A was seen on the resident's right inner heel and measured approximately 1 centimeter (cm) x 1 cm x 0.1 cm. 100% of the . . . bed was pale in color. A seen on his right lateral measured approximately 3 cm x 3 cm, was purple in color and covered with a scab. On at 9:45 am, the administrator said a podiatrist was coming on that day at 2 pm to look at the resident's . She said the visit	A 025		

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A 025	Continued From page 20 conducted by home health nurse F on the previous day was a one time charity visit. On at 10:05 am, when asked what the facility did to obtain medical care and treatment for the resident's , caregiver C said she contacted the resident's doctor about the when the resident returned from the hospital in and it was "the only thing we did do". Class III	A 025		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (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	A 056		

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A 056	Continued From page 21 circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (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	A 056		

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A 056	Continued From page 22 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 record reviews and interviews, the facility failed to ensure a medication was filled in a timely manner for 3 of 3 sampled residents who received assistance with self-administration of medications (#5, #6 & #7). Findings: 1. Review of resident #5's 1823 indicated the resident's diagnoses included [redacted], dry [redacted] and [redacted]. The form indicated that at that time she was able to administer her medications without assistance. Review of the resident's Medication Observation Record (MOR) revealed	A 056		

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A 056	Continued From page 23 her ... were unavailable on ... and . Her was unavailable on and . Her , , was unavailable on and . The documented reason for the medications being unavailable was "medication not in cart-followed up with pharmacy." On ... at 2:10 pm, resident #5 said every month she runs out of her . She said it was on auto-refill so she did not understand how it ran out. On at 3 pm, caregiver C said regarding resident #5 running out of medications, "we all know to call her granddaughter to bring in more medication and she's usually good about it". She said staff were supposed to notify the granddaughter ... days before the resident ran out and said the granddaughter brings a 90-day supply so she did not understand how the medication ran out. Regarding resident #6 running out she said "we usually call his daughter and she usually does that" (gets more meds from the VA). 2. Review of resident #6's ... 1823 indicated the resident's diagnoses included Hypertensive ... . He required assistance with self-administration of medications. Review of the resident's ... MOR revealed his was "not in cart-followed up with pharmacy" on ..., ..., ..., ..., ..., , , and .	A 056		

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A 056	Continued From page 24 On at 2:05 pm, resident #6 said his daughter ordered his meds through the Veterans Administration (VA). He said he previously ran out of his , medication for a month. He was unable to remember the name of the medication. He said he's told staff to give him enough notice, a week to 10 days, before his meds run out so they can be reordered by his daughter. He complained about it to the previous memory care director, who was no longer employed. 3. Review of resident #7's 1823 revealed the resident's diagnoses included . He required assistance with self-administration of medications. Review of the resident's and MORs revealed his , was "not on cart-followed up with pharmacy" on , , , , , , , and . On at 2:21 pm, resident #7 said that despite his MOR indicating that he had previously run out of his , , he was unaware of it happening. His medications were filled by the pharmacy used by the facility. There was no documentation in any of the resident's record to indicate the facility made any efforts to obtain a refill on their meds prior to them running out. On at 2:15 pm, the administrator said for those residents who get their meds from the facility's pharmacy, their meds are on a weekly automatic refill cycle.	A 056		

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A 056	Continued From page 25 The facility's undated "medication availability policy" indicated "cycle fill: it is imperative the cycle fill is done in a timely manner and new medications are ordered promptly in order for the residents to receive their medication as ordered by the MD. Families who provide medications need to be notified of the need for refills far enough in advance to ensure the medication is available when needed. If at any time a medication is not available when needed, the LN/RCC (licensed nurse/resident care coordinator, both of which the facility did not currently employ) is to be notified immediately. If the LN/RCC cannot ensure the medication will be delivered to the community within 4 hours, the executive director will be notified. Document in the medical record when a family has been requested to obtain medications or medication refills. If a family member has not obtained ordered medications as requested, the RCC/LN will call them and request that the medication be provided promptly and will encourage the family to consider utilizing the . . . . . pharmacy. Note in the medical record each time the family is contacted about obtaining a medication. If a resident misses a dose of medication because the family has failed to provide the medication, this should be noted on the of the MAR for any doses missed". Class III	A 056		
A 077 SS=D	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10	A 077		

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A 077	Continued From page 26 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background	A 077		

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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
A 077	Continued From page 27 screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three	A 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968413	A. BUILDING: _____ B. WING _____	02/22/2023

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A 077	Continued From page 28 assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-09393. This Statute or Rule is not met as evidenced by: Based on review of the facility's employee background clearinghouse, review of the Florida health finder website and interviews, the facility failed to ensure its administrator completed the required core training, including the competency test, within 90 days after the date of employment as an administrator and failed to notify the agency of a change in administrator within 10 days.	A 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 077	Continued From page 29 Findings: On at 9 am, when asked who the facility's administrator currently was, the co-owner said the administrator identified on the Florida health finder website was "still on the books" as the administrator and "still helped out". On at 9:15 am, during a phone interview with the person listed as administrator on Florida health finder, she said that she was no longer the facility's administrator and that she called the agency approximately two months prior to report that she was no longer in that role. She said she was the administrator of another facility and that although she did help this facility, she did so only in the business office. On at 9:28 am, review of the facility's employee background roster revealed the previous administrator's employment end date was ..... On ..... at 2:45 pm, the co-owner said the previous administrator "is still on our books for our license. She does bookkeeping for us off campus and helps with staff training. She answers questions for me." The co-owner said that she herself was at the facility days each week. When told that the previous administrator denied being currently employed in that role, the co-owner said, "I guess I would be the administrator and I'm in the process of taking the Core test". She also said neither she nor the other co-owner notified the agency within 10 days of there being a change in the administrator. Class III	A 077		