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
	AL11969415	A. BUILDING: _____ B. WING _____	R-C 03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
S & R ASSISTED LIVING FACILITY LLC	907 WOODLAND TERRACE BRANDON, FL 33511

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

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{A 055}	Continued From page 1 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	{A 055}		

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{A 055}	Continued From page 2 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation on interview, the facility failed to keep centrally stored medications in a locked cabinet or cart secured at all times. Furthermore, the facility failed to properly store medication that required refrigeration in a refrigerator (photographic evidence obtained). Findings Included: During observations, conducted on from 10:00am through 01:00pm, there was a medication closet full of medications that was not locked or secured. The medications were for Residents #1, #2, #3, and #4. The key to the closet was left in the locking mechanism throughout the survey. There was a two-drawer unrefrigerated filing cabinet that was not locked or secured. The bottom drawer of the filing cabinet included a 90mcg inhaler and a full, unopened box of for Resident #4. At 12:03pm, Staff B obtained Resident #4's medication tote from the unlocked medication closet. After assisting Resident #4 with her prescribed medication , 0.5mg, Staff B placed the resident's medication tote in the medication closet. Staff B did not lock the medication closet and left the key in the locking mechanism. A review of Resident #4's	{A 055}		

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{A 055}	Continued From page 3 medication label and box, conducted on , revealed that the medication label clearly noted that the medication required refrigeration. The medication box had instructions that noted to "store refrigerated ...until first use" and "after first use store at room temperature ...and discard after 28 days". There was no date that the was placed at room temperature. The was filled on . Record reviews for Residents #1, #2, #3, and #4, conducted on , revealed that Residents #1, #2, #3, and #4 had diagnosis of and required assistance with self-administration of medications. During an interview with Staff B, an unlicensed Medication Technician, conducted on at 12:05pm, Staff B stated that staff do not lock the medication closet. Staff B was unaware of the need to refrigerate Resident #4's . Class III	{A 055}		
A 056 SS=G	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:	A 056		

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

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A 056	Continued From page 5 written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow medication orders as prescribed for residents that require assistance with self-administration of medication. The facility's actions increased the livelihood of a medication	A 056		

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A 056	Continued From page 6 error, directly threatening the health and safety of three Residents (#2, #3, and #4) of four sampled residents. Findings Included: A review of Resident #2's medication observation records (MORs), conducted on , revealed that Resident #2's had the prescribed medication D2 1.25mg ordered to take one capsule once a week on Saturdays. The medication was documented as given on . There was no other documentation that Resident #2 received this medication. A review of the calendar, conducted on , revealed that Saturday was on and . Tuesday was on . A review of Resident #3's MORs, conducted on , revealed that from through , Resident #3 had the prescribed medication 10mg ordered to take one tablet by once a week on Mondays. The medication was not documented as given on Monday. However, the medication was documented as given on Wednesday, Thursday, and Friday of that week which was more often than once per week. Resident #3's prescribed medication 50mg was ordered to take one tablet by every six hours as needed for . Resident #3's MORs had this medication scheduled at 08:00am and 08:00pm. Resident #3's prescribed medication 1 gram was ordered to take twice every day with meals. Resident #3's MORs had this medication scheduled at 08:00am and 08:00pm. There was no evidence found in	A 056		

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A 056	Continued From page 7 Resident #3's record that the resident received a meal at 08:00pm. There were no other MORs or MORs to review. A review of Resident #4's MORs, conducted on , revealed that Resident #4 had the prescribed medication D2 1.25mg ordered to take one capsule by every week on Saturdays. There was not documentation from through that Resident #4 received the medication. Resident #4's prescribed medication 12.5mg was ordered to take one tablet by twice every day and hold if greater than 120. There was no evidence that the directions to hold if was greater than 120 was clarified with Resident #4's primary care provider. There was no evidence that the was measure before receiving the medication. Resident #4's was ordered to inject per if is: <150=0U; 152-200=3U; 201-250=5U; 251-(cut-off and not noted); and 301-350=9U. There were no directions on how often to obtain the resident's level. It was documented that Resident #4 received the medication every day from through . However, there were no documented or the number of units of the medication that the resident received. The time that the resident received the dose was not noted. During an interview with Staff B, conducted on at 11:48am, Staff B stated that mealtimes were at 08:00am, 12:00pm, and 05:00pm. Staff B was unable provide MORs for Resident #3. Staff B was unable to answer questions regarding Resident #2, #3, and	A 056		

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A	Continued From page 8 #4 MORs and stated that she had just started employment last week. Class II	A 056		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication	A 058		

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A 058	Continued From page 9 practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure all medications concerns were corrected (Cross Reference: A0052, A0054, and A0055). Findings Included:	A 058		

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A 058	Continued From page 10 Due to the uncorrected Class III deficiencies concerning the facility's medication practices, the facility shall be required to employ the consultation services of a licensed Pharmacist or a Registered Nurse Consultant. The Consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. This written statement serves as notification of the above stated requirement. During an interview with Staff B, an unlicensed Medication Technician and Resident Care Aide, conducted on [redacted] at 12:50pm, Staff B stated to send the survey results to the Administrator. The Administrator was not present during the survey process. Class III	A 058		
{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	{A 078}		

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{A 078}	Continued From page 11 examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.	{A 078}		

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{A 078}	Continued From page 12 (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 record review and interview, the facility failed to obtain evidence that employees were free from ( ) annually for two employees (Administrator and Staff A) of three sampled employees. Findings Included: An employee record review for the Administrator, conducted on , revealed that the Administrator's record did not include evidence annually that the employee was free from . The last evidence that the Administrator was free from was an , report dated . The Administrator was hired on 11/16/2018. An employee record review for Staff A, conducted on , revealed that Staff A's record did not include evidence annually that the employee was free from . The last evidence that Staff A was free from was an , report dated . Staff A was hired on . During an interview with Staff B, an unlicensed Medication Technician and Resident Care Aide, conducted on at 12:15pm, Staff B was unable to provide evidence that the Administrator and Staff were free from	{A 078}		

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{A 078}	Continued From page 13 annually as required. Class III	{A 078}		
{A 081} SS=D	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 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).	{A 081}		

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{A 081}	Continued From page 14 (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 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 borne , 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.	{A 081}		

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{A 081}	Continued From page 15 (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: 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:	{A 081}		

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{A 081}	Continued From page 16 Based on observation, record review and interview, the facility failed to provide direct care staff with training regarding [redacted] control that included universal precautions and the facility's sanitation procedures prior to providing personal care to residents for one employee (Staff B) of three sampled employees. Furthermore, the facility failed provide direct care staff with trainings regarding elopement response, emergency procedures, adverse incident reporting, incident reporting, and recognizing and reporting , neglect, and , within thirty-days of hire for two employees (Administrator and Staff A) of three sampled employees. Findings Included: During observations, conducted on [redacted] from 10:00am through 01:00pm, Staff B was working alone in the facility with Residents #1, #2, #3, and #4. Staff B provided direct activities of daily living care, meal preparation, and assistance with medications for the residents. An employee record review for Staff B, conducted on [redacted], revealed that Staff B's employee record did not contain evidence that the employee obtained training regarding [redacted] control that included universal precautions and the facility's sanitation procedures prior to providing personal care to residents. There was no date of hire noted in Staff B's employee record. An employee record review for the Administrator, conducted on , revealed that the Administrator's employee record did not contain evidence that the employee obtained training regarding elopement response within thirty days of employment. The Administrator was hired on	{A 081}		

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{A 081}	Continued From page 17 An employee record review for Staff A, conducted on , revealed that Staff A's employee record did not contain evidence that the employee obtained trainings regarding elopement response, emergency procedures, adverse incident reporting, and incident reporting. Staff A had a certificate for training regarding resident rights dated . The training did not include recognizing and reporting , neglect, and , within thirty-days of hire. Staff A was hired on . During an interview with Staff B, conducted on at 12:15pm, Staff B was unable to provide evidence that she had obtained training regarding control with universal precautions and the facility's sanitation procedures. Staff B was unable to provide evidence that the Administrator had obtained training regarding elopement response. Staff B was unable to provide evidence that Staff A had obtained trainings regarding elopement response, emergency procedures, adverse incident reporting, incident reporting, and recognizing and reporting , neglect, and , . At 12:35pm, Staff B stated that she was hired on . Class III	{A 081}		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed	{A 084}		

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{A 084}	Continued From page 18 persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms;	{A 084}		

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{A 084}	Continued From page 19 b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have	{A 084}		

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{A 084}	Continued From page 20 successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to obtain a six-hour training course regarding assistance with self-administration prior to assuming responsibilities of assisting residents with self-administration of medications for two unlicensed employees (Staff A and B) of three sampled employees that assisted residents with self-administration of medications.	{A 084}		

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{A 084}	Continued From page 21 Findings Included: During an observation of the medication pass with Staff B, an unlicensed Medication Technician and Resident Care Aide, conducted on [redacted] at 12:03pm, Staff B assisted Resident #4 with the resident's prescribed medication [redacted] 0.5mg. An employee record review for Staff A, conducted on [redacted], revealed that Staff A's employee record did not contain evidence that the employee received a six-hours training course regarding assistance with self-administration of medications. Staff A was hired on [redacted]. An employee record review for Staff B, conducted on [redacted], revealed that Staff B's employee record did not contain evidence that the employee received a six-hours training course regarding assistance with self-administration of medications. There was no date of hire in Staff B's employee record. During an interview with Staff B, an unlicensed Medication Technician and Resident Care Aide, conducted on [redacted] at 12:15pm, Staff B was unable to provide evidence that Staff A and B obtained a six-hour training course regarding assistance with self-administration of medications. At 12:35pm, Staff B stated that she was hired on [redacted] and worked alone in the facility on Wednesdays, Thursdays, and Fridays. Class III	{A 084}		
{A 085} SS=D	59A-36.011(7) FAC Training - Nutrition & Food Service	{A 085}		

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{A 085}	Continued From page 22 (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on interview and record review, facility failed to have staff responsible for the facility's food service and the day-to-day supervision of food service obtain a minimum of two-hours continued education annually in topics pertinent to nutrition and food service in an assisted living facility for two employees (Administrator and Staff A) of three sampled employees that worked alone in the facility during mealtimes. Finding Included: An employee record review for the Administrator, conducted on , revealed that the Administrator obtained one-hour of training regarding nutrition and safe food handling on . There was no evidence that the Administrator obtained two-hours of continued education annually regarding nutrition and food services. The Administrator was hired on	{A 085}		

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{A 085}	Continued From page 23 An employee record review for Staff A, conducted on , revealed that Staff A obtained one-hour of training regarding nutrition and safe food handling on . There was no evidence that Staff A obtained two-hours of continued education annually regarding nutrition and food services. Staff A was hired on . During an interview with Staff B, conducted on at 12:15pm, Staff B was unable to provide evidence that the Administrator and Staff A had completed two-hours continuing education annually regarding nutrition and food services in an assisted living facility. Class III	{A 085}		
{A 093} SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met	{A 093}		

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by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and

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served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on .
(h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water

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{A 093}	Continued From page 26 sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to follow their approved menu plan and document substitutions. Furthermore, the facility failed to substitute foods with food items of comparable nutritional value. Findings Included: A review of the posted menu approved by the Registered Dietician for a four week cycle was conducted on . The posted lunch meal was noted to be salisbury steak, rice, carrots, salad, and pudding for dessert. An observation of the lunch meal, conducted on at 11:48am, revealed that the lunch meal served was spaghetti noodles with meat sauce and fruit. There was no foods substituted of comparable nutritional value for the carrots and salad. During an attempt to review the substitution log, conducted on , the substitution log was not provided. During an interview with Staff B, conducted on at 11:48am, Staff B was unsure what a substitution log was and agreed that she did not note any substitutions that were made. Class III	{A 093}		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{CZ815}	Continued From page 27	{CZ815}		
{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 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	{CZ815}		

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	AL11969415	A. BUILDING: _____ B. WING _____	R-C 03/15/2023

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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.
(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

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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 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

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{CZ815}	Continued From page 30 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 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,	{CZ815}		

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{CZ815}	Continued From page 31 and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any [illegible] person that would place the	{CZ815}		

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{CZ815}	Continued From page 32	{CZ815}		

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. 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,

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{CZ815}	Continued From page 33 upon notice of a conviction or . . . for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to obtain an eligible level 2 background screening prior to direct contact with . . . . . persons for one employee (Staff B) of one sampled employee. Findings Included: During observations, conducted on from 10:00am through 01:00pm, Staff B was working alone in the facility with Residents #1, #2, #3, and #4. Staff B provided direct activities of daily living care, meal preparation, and assistance with medications for the residents. A record review for Staff B, conducted on . . . . . , Staff B did not have evidence of an eligible level 2 background screening in the employee's record. There was no date of hire noted in Staff B's employee record. During an interview with Staff B, conducted on at 12:15pm, Staff B was unable to provide an eligible background screening for herself. At 12:35pm, Staff B stated that she was	{CZ815}		

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{CZ815}	Continued From page 34 hired on . . . . . and worked alone in the facility on Wednesdays, Thursdays, and Fridays. Unclassified	{CZ815}		
{A 000}	Initial Comments A revisit to . . . . . abbreviated biennial survey and generator monitoring were conducted at S&R Assisted Living Facility on . . Deficiencies were identified at the time of survey.	{A 000}		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the	A 008		

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A 008	Continued From page 35 appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided	A 008		

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A 008	Continued From page 36 that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,	A 008		

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A 008	Continued From page 37 6. Whether the individual has signs or symptoms of , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.	A 008		

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A 008	Continued From page 38 (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , to be administered in the case of or , (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a -to- health assessment	A 008		

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A 008	Continued From page 39 documented on the required , AHCA Form 1823 for one Resident (#2) of four sampled residents. Findings Included: A record review for Resident #2, conducted on , revealed that the resident's to health assessment dated was documented on a , AHCA Form 1823 and not on the required , AHCA Form 1823. Resident #2 was admitted on . During an interview with Staff B, an unlicensed Medication Technician and Resident Care Aid), conducted on at 10:00am, Staff B stated that she did not know anything about resident records because she just started last week. Class III	A 008		
{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	{A 010}		

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{A 010}	Continued From page 40	{A 010}		

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 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,

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{A 010}	Continued From page 41 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. (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 . . . -to- . . . 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)	{A 010}		

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{A 010}	Continued From page 42 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] 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 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [illegible] 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	{A 010}		

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{A 010}	Continued From page 43	{A 010}		

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.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to assess and determine residents that were no longer appropriate to reside in an assisted living facility and required the use of a [redacted] device for transfers for one Resident (#1) of one resident that was no longer appropriate for continued residency.

Findings Included:

During an observation of Resident #1's room, conducted on [redacted] at 10:00am, there was a sit to stand [redacted] device in Resident #1's room.

A record review for Resident #1, conducted on [redacted], revealed that Resident #1 was admitted on [redacted]. According to Resident #1's [redacted], AHCA Form 1823 dated

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{A 010}	Continued From page 44 , Resident #1 required assistance with transfers and needed precautions. The health assessment did not note that Resident #1 was totally dependent for transfers. A review of the facility's undated "Assisted Living Facility Equipment Lift, Transfer, and Repositioning Policy", conducted on , revealed that the facility had a policy regarding the use of for residents that were unable to bear and identified as "Totally Dependent or ...will be transferred by means of lift equipment ..." on page 1. Page 2 noted that "1. Supervisors will ensure that devices are accessible to staff" (photographic evidence obtained). During an interview with Staff B, an unlicensed Medication Technician and Resident Care Aid, conducted on at 12:35pm, Staff B stated that the was used for Resident #1 because staff would not be able to transfer Resident #1 without the use of the device. Class III	{A 010}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or	{A 032}		

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{A 032}	Continued From page 45	{A 032}		

a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.

1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.

2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.

(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:

1. An immediate search of the facility and premises,

2. The identification of staff responsible for implementing each part of the elopement

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{A 032}	Continued From page 46 response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff were aware of which residents were at risk for elopements. Furthermore, the facility failed to make a daily effort to ensure residents that were at risk for elopements had identification on their person that included their name and the facility's name, address, and telephone number for one Resident (#2) of one sampled resident that were at risk for elopements. Findings Included: A record review for Resident #2, conducted on , revealed that Resident #2 was admitted on . . . . . According to Resident #2's health assessment for dated , Resident #2 was assessed as at risk for elopements. During an attempt to review the facility's elopement response policy and procedures, conducted on , the policy and procedures was not provided.	{A 032}		

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{A 032}	Continued From page 47 During an interview with Staff B, an unlicensed Medication Technician and Resident Care Aid, conducted on [redacted] at 12:35pm, Staff B stated that she worked alone in the facility on Wednesdays, Thursdays, and Fridays. Staff B was unable to identify Resident #2 as at risk for elopements. Staff B stated she was unaware that residents that were at risk for elopements needed to have identification on their person. Class III	{A 032}		
{A 034} SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have a policy and	{A 034}		

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{A 034}	Continued From page 48 procedures for wheelchair and walker assistive devices. Furthermore, the facility failed to have each assistive device documented in resident records for two Residents (#1 and #3) of two sampled residents that used a wheelchair or walker for ambulation. Findings Included: During observations, conducted on from 10:00am through 01:00pm, Resident #1 used a wheelchair for ambulation. Resident #3 used a walker for ambulation. A record review for Resident #1, conducted on , revealed that Resident #1's health assessment form dated did not note that Resident #1 required a wheelchair assistive device for ambulation. There was no documentation in Resident #1's record that the resident required the use of a wheelchair assistive device. Resident #1 was admitted on . A record review for Resident #3, conducted on , revealed that Resident #3's health assessment form did not note that Resident #3 required a walker assistive device for ambulation. There was no documentation in Resident #3's record that the resident required the use of a walker assistive device. Resident #3 was admitted on . During an attempt to review the facility's wheelchair and walker assistive device policy and procedures, conducted on , there was none provided. During an interview with Staff B, an unlicensed Medication Technician and Resident Care Aid),	{A 034}		

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{A 034}	Continued From page 49 conducted on . . . . . at 10:00am, Staff B stated that she did not know anything about resident records because she just started last week. Class III	{A 034}		
{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.	{A 052}		

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{A 052}	Continued From page 50 (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the	{A 052}		

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{A 052}	Continued From page 51 reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] 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	{A 052}		

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{A 052}	Continued From page 52 medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to proper assistance with self-administration of medications by not washing or sanitizing , not comparing medication labels with medication observation records, not verbally informing the name and	{A 052}		

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{A 052}	Continued From page 53 dose of the medication, and not observing that resident took their medication for one Resident (#4) of one sampled resident that required assistance with self-administration of medication. Findings Included: During a medication pass observation with Staff B for Resident #4, conducted on [redacted] at 12:03pm, Staff B removed a tote from the medication closet that was full of Resident #4's medications. Staff B brought the tote of medications to the kitchen counter. Staff B took a pill pack from the tote and walked over to Resident #4 at the dining room table. Staff B was unable to compare the medication label to the medication observation records. Staff B did not have Resident #4's medication observation records. Staff B popped a pill from the pill pack into Resident #4's [redacted] and walked away from the resident. Staff B did not inform Resident #4 the name and dose of the medication. Staff B did not observe Resident #4 take and swallow the medication. Staff B assisted Resident #4 with the resident's prescribed [redacted] 0.5mg. Staff B did not wash or sanitize her [redacted] before or after assisting Resident #4 with medications. Staff B did not document that the medication was given on Resident #4's medication observation records. A record review for Resident #4, conducted on [redacted], revealed that Resident #4 was admitted on [redacted]. Resident #4's health assessment dated [redacted] noted that the resident required assistance with self-administration of medications. Resident #4's medication observation record noted that the resident had the prescribed medication [redacted] 0.5mg due at 12:00pm.	{A 052}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969415	A. BUILDING: _____ B. WING _____	R-C 03/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
S & R ASSISTED LIVING FACILITY LLC	907 WOODLAND TERRACE BRANDON, FL 33511

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{A 052}	Continued From page 54 During an attempt to review the facility's medication pass policy and procedures, conducted on [redacted] at 03:00pm, there was none provided. A review of Staff B's employee record, conducted on [redacted], revealed that Staff B's employee record did not have evidence that the employee had obtained 6-hours training regarding assistance with self-administration of medications. During an interview with Staff B, conducted on [redacted] at 12:03pm, Staff B stated that she always assisted residents with meds when working at the facility. At 12:35pm, Staff B stated that she worked alone in the facility on Wednesdays, Thursdays, and Fridays and assisted residents with medications. Staff B was unable to provide evidence of training regarding assistance with self-administration of medications. Class III	{A 052}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who	{A 054}		

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{A 054}	Continued From page 55 receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a daily medication observation records (MORs) for two or four sampled Residents (#1 and #3). Additionally, the facility failed to note residents primary care providers' telephone number on MORs for two Residents (#1 and #3). Furthermore, the facility failed to immediately update MORs each time medications were given or offered to four Residents (#1, #2, #3, and #4) of four sampled resident that required assistance with self-administration of medications. Findings Included: An attempt to review the MORs for Resident #1 was conducted on [illegible] and revealed that Resident #1 did not have a	{A 054}		

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{A 054}	Continued From page 56 2023 MORs. A review of Resident #1's MORs dated through MORs revealed the MORs did not note Resident #1's primary care prover's telephone number. Resident #1's MORs had medications that were not documented as given to the resident which included: - 400mg, Iron 65mg, 1000mcg, 10mg, D3 1000 IU, and 100mg on Tuesday at 08:00am - (no dose noted) on Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday at 08:00am - 10mg, 250mcg inhaler, 100mg, and Solution 68mg on Monday and Friday at 08:00pm and Tuesday at 08:00am & 08:00pm - 20mg, 10mg, 20meq, 20mg, Solution 0.004%, Cream 1%, and Cream 2% on Sunday, Monday, Tuesday, and Friday at 08:00pm A MORs review for Resident #2, conducted on , revealed that Resident #2's MORs had medications that were not documented as given to the resident which included: - 10mg and , 5mg from through at 08:00pm - 125mcg, 1mg,	{A 054}		

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{A 054}	Continued From page 57 20mg, [illegible] (no dose noted), 0.4mg, [illegible] 1000mcg, and [illegible] 90mg on [illegible], [illegible], and [illegible] at 08:00am - Iron 325mg, [illegible], 25mg, C 1000mg, and [illegible] 10mg on [illegible], [illegible], and [illegible] at 08:00am and [illegible] and from [illegible] through [illegible] at 05:00pm - [illegible] 20mg from [illegible] through [illegible] at 05:00pm A [illegible] MORs review for Resident #3, conducted on [illegible], revealed that Resident #3 did not have a [illegible] MORs. Resident #3's [illegible] MORs was dated from [illegible] through [illegible] did not note Resident #3's primary care prover's telephone number. Resident #3's MORs had medications that were not documented as given to the resident which included: - Caltrate 600mg, [illegible], [illegible] 50mcg, and [illegible] 50mg on Sunday and Tuesday at 08:00am - [illegible], [illegible] 20mg and [illegible] 100mg on Tuesday and Saturday at 08:00am - Centrum Silver 500mg, [illegible] 30mg, and [illegible] 1000mcg on Sunday, Tuesday, and Saturday at 08:00am - [illegible], 10mg on Sunday, Monday, and Tuesday at 08:00pm - [illegible] 10mg and [illegible] 1 gram on Sunday, Tuesday, and Saturday at 08:00am	{A 054}		

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{A 054}	Continued From page 58 and 08:00pm and Monday and Friday at 08:00pm A [illegible] MORs review for Resident #4, conducted on [illegible], revealed that Resident #4's [illegible] MORs had medications that were not documented as given to the resident which included: - [illegible] 40mg and [illegible] 5mg on [illegible] and from [illegible] through [illegible] at 08:00pm - [illegible] 500mg, [illegible] 05mg, and [illegible] 12.5mg on [illegible] at 08:00am and 05:00pm; [illegible], and [illegible] at 05:00pm; and [illegible] at 08:00am - [illegible] 40mg and [illegible] 25mcg on [illegible], and [illegible] at 08:00am - [illegible] 10 units from [illegible] through [illegible], and [illegible] at 08:00am During an interview with Staff B, conducted on [illegible] at 11:48am, Staff B was unable provide the MORs for Resident #3. Staff B was unable to answer questions regarding Resident #1, #2, #3, and #4 MORs and stated that she had just started employment last week. Class III	{A 054}		