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
	AL11963958	A. BUILDING: _____ B. WING _____	C 03/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE TERRACE	9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 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, interview, and record review the facility failed to ensure prescribed medications were properly stored for one (Resident #2) of one sample resident that required assistance with self-administration of medication. Findings Included: An observation on at 11:00am Resident #2 had a clear medicine cup containing eight white pills sitting on a tray on a table just inside his door. In an interview with Resident #2 conducted on at 11:00am he stated that he was not sure what the medications were but confirmed that the facility staff bring him his medications and that he did not want to take the nighttime pills. A record review conducted on . . . . . of Resident #2's Agency for Healthcare Administration (AHCA) 1823 resident assessment dated indicated he required assistance with self-administration of medications. In an observation conducted on at 1:30pm the Administrator observed the medications in the medicine cup in Resident #2's	A 055		

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A 055	Continued From page 3 room and left the room without removing them. In an interview with the Administrator conducted on at 1:30pm she stated if he required assistance with self-administration of medications that they should have watched him take his medications and the pills should not be left in the room. In an interview conducted on at 11:28am with Staff M they stated that medications should not be left in the resident room and that they were still there when surveyor notified them to re-check. Photographic evidence obtained. Class III	A 055		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care	A 078		

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A 078	Continued From page 4 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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff	A 078		

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A 078	Continued From page 5 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 ensure two (Administrator and Staff D) of four employee whose records were reviewed included written documentation from a health care provider stating that they are free from communicable . . . . . within 6 months prior to hire or within 30 days of hire. Additionally, the facility failed to ensure two (Administrator and Staff D) of four staff records included written documentation of an annual negative . . . . . examination ( ). Findings included: A review of employee record conducted on . . . . . revealed that the Administrator, hired on and Staff D, who was hired on . . . . . had no statement from a health care provider indicating they were free from communicable . . . . . in the file or written documentation of an annual negative test. During an interview with the Administrator, conducted on . . . . . at 02:13 pm, the Administrator stated they did not have access to the old system for the former company. Class III	A 078		

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A 081	Continued From page 6	A 081		
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). (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	A 081		

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A 081	Continued From page 7	A 081		

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.
(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

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A 081	Continued From page 8 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: Based on record review and interview the facility failed to ensure one (Staff D) of 4 sampled staff, who performed direct care for residents, had all their required training completed.	A 081		

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A 081	Continued From page 9 Findings Included: During a review of employee records conducted on ... revealed that the Staff D, an unlicensed medical technician and who had a hire date of ... Staff D was missing documentation of receiving training of Pre-service training, activities of daily living (ADL) and behavioral needs training, residents rights and recognizing ..., neglect, ... training, control training, elopement training, and nutritional and safe food handling. During an interview with the Administrator, conducted on at 02:13 pm, the Administrator stated they did not have access to the trainings in the old system for the former company. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) ... / ... (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by:	A 082		

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A 082	Continued From page 10 Based on record review and interview, the facility failed to ensure that newly hired employees had the required one-time education course on / , (/) training for one employee (Staff D) of four sampled employees within thirty-days of employment. Findings Included: An employee record review for Staff D conducted on revealed a date of hire of and no evidence of training on / . During an interview with the Administrator, conducted on at 02:13 pm, the Administrator stated they did not have access to the trainings in the old system for the former company. Class III	A 082		
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 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,	A 084		

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A 084	Continued From page 11	A 084		

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;
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

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A 084	Continued From page 12 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 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	A 084		

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A 084	Continued From page 13 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 record review and interview, the facility failed to ensure that employees assisting residents with medications had the required six-hour training prior to assisting residents with their medication for one (Staff D) of four sampled employees. Findings Included: A review of Staff D's employee records, conducted on [redacted], revealed that Staff D was on the staffing schedule as a Medication Technician and assisted residents with their medications. Staff D's employee records did not have evidence that an initial six-hour training regarding assistance with self-administration of medication was completed. Staff D was hired on	A 084		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 084	Continued From page 14 During an interview with the Administrator, conducted on [redacted] at 02:13 pm, the Administrator stated they did not have access to the training in the old system for the former company. Class III	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - [redacted] (11) [redacted] TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding [redacted]. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure employees had proof of required training in the facility's policies and procedures regarding [redacted] ( ) for one (Staff D) of four sampled. Findings included: A record review conducted on for Staff D, with a date of hire of [redacted],	A 090		

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	AL11963958	A. BUILDING: _____ B. WING _____	C 03/29/2023

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A 090	Continued From page 15 revealed that Staff D's record did not include written documentation of 1-hour training in [redacted] {[redacted]} policy and procedure within 30 days of hire. During an interview with the Administrator, conducted on [redacted] at 02:13 pm, the Administrator stated they did not have access to the trainings in the old system for the former company. Class III	A 090		
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 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,	A 093		

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A 093	Continued From page 16 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 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	A 093		

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A 093	Continued From page 17 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 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.	A 093		

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A 093	Continued From page 18 This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain a 3-day emergency food supply of nonperishable food sufficient for meal preparation for a census of 95 residents. Furthermore, the facility failed to ensure meal menus were conspicuously posted or easily available to residents Findings Included: In an observation of the non-perishable food supply conducted on at 12:36pm there were large cans of fruit, pudding, beans, and a large can of beets, one large can of cheese, one large can of stew, 7 large bags of dry cereal, two large containers of opened dry oatmeal, 5 regular individual sized cans of soup, a case of three bean salad, 6 large cans of corned beef hash, and one large case of tuna fish. In an observation conducted on and ..... from 9:00am through 3:15pm there were no menus posted in assisted living. There were standard menu copies available in small print at the reception desk. In an observation of the Memory Care area conducted on ..... at 9:30am the board entitled "Menu" had no menu posted and had work duties and staff assignments posted instead. In an interview conducted on at 12:40pm with Staff H they revealed they would be stocking up on food. In an interview conducted on at	A 093		

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A 093	Continued From page 19 12:42pm with Resident #34 she stated there was no menu posted. In an interview conducted on at 3:15pm with Staff N and Staff M they were unable to say why a menu was not posted. Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	A 152		

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A 152	Continued From page 20 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interviews and record reviews the Facility failed to provide a safe living environment that was free of hazards for all residents, by ensuring all architectural, mechanical, and structural systems were maintained in good working order. Findings Included: In an observation conducted on at 10:00am one of the second-floor corridors felt warm and the thermostat read 79 degrees. In an interview conducted on at 2:50pm with a family member for Resident #4 they stated that the air in their father's room was out and had been out for weeks, and that their father had a fan but all it did was blow hot air. They also stated that the shower was very difficult to turn on, and the "H" (hot) and "C" ( ) were on the wrong sides of the faucet. They stated this was frustrating to him at . Additionally, they said work requests had been submitted and that maintenance had it all in writing but that it was taking a long time. In an interview conducted on at 3:00pm with Resident #4 they stated that a lot of	A 152		

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A 152	Continued From page 21 things needed to be fixed and that it was going on too long. They stated the shower knob was difficult to maneuver and when on, the water spray did not come out. Additionally, they stated the water was too hot or too in the shower and there was no way to set it in the middle with the current faucet and they had themselves once and were unable to use it again. In an observation conducted on at 2:55pm of Resident #4's room it felt warm on the living room side and there was a fan on the floor blowing from the warm area toward the adjoining bedroom area. Additionally, the silver metal shower knob was extremely difficult to turn, there was a shower tube and attachment that was high and difficult to reach at the top to flip the shower spray on. The and hot water red indicator letters were on the wrong sides of the faucet and it was not possible to get the water to a suitable temperature. In an interview conducted on at 3:15pm with Staff I they stated that Staff J had ordered the shower part and that Resident #4's air conditioner in the living room side of the room would run but would turn hot and turn off after a couple of hours, so they ordered 32 new units after they checked 100 apartment air conditioners. In an interview conducted on 30/28/2023 at 3:28pm Staff J stated he had work orders in his system for Resident #4. In an interview conducted on at 10:00am with Resident #18 they stated they had the portable floor air conditioner when they moved in and it was going on two years.	A 152		

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A 152	Continued From page 22 In an observation conducted on . . . . . from 9:25am through 9:57am workers were observed working in the ceiling in the main dining room and on the third floor. In an observation conducted on at 10:00am in Resident #18's room there was a portable air conditioner on the floor vented out through the sliding glass door to her patio. In an interview conducted on . . . . . at 10:25am Resident #19 stated it had been stifling hot in the facility a couple of days prior. She stated "I complained the other day that I am paying good money for this, and that people playing cards with me had trouble breathing." In an interview conducted on at 10:02am with an outside agency maintenance worker they stated they had fixed some air conditioning issues and were working on another one next. Additionally, they stated the prior maintenance staff knew of the issues with the air conditioning. In an interview conducted on at 11:20am with Staff I he stated they ordered 28 air conditioners and were working on a priority list with resident rooms first. He stated that 28 portable air conditioner units were in use in the facility. In a record review conducted on . . . . . at 12:12pm with Staff I there was an email with a heating, ... , and air conditioning company that air conditioning units were scheduled to ship to the facility on . . . . . . In an interview conducted on . . . . . at 12:42pm with Resident #34 they stated that the	A 152		

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A 152	Continued From page 23 second floor washing machine had a very bad smell to it. They stated "it is the gasket that is horrible. The door is held on with miracle tape. It leaks so they have a board to keep it from moving." In an observation conducted on [redacted] at 1:13pm there was water leaking out of the base of the washing machine onto the floor on the side and the front of the machine, in the second-floor laundry room. A two by four [redacted] wood piece was propped against the front of the washer and dryer. There was tape affixed across the front of the washer door. In an interview conducted on 03/292023 at 1:42pm with Staff J they stated they were not aware of the leak until surveyor notified him, and that it was leaking due to a bad seal. In an interview conducted with Staff N on [redacted] at 3:30pm they stated they knew of the air conditioning issues and were working on them. Photo Evidence Obtained. Class III	A 152		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable	A 161		

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A 161	Continued From page 24 rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ⌄ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as	A 161		

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A 161	Continued From page 25 described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on recorded review and interview, the facility failed to have employee application and references available for one (Staff D) of four sampled staff. Findings Included: Attempted record review conducted on . . . . . revealed no application and references available as requested for Staff D, who had a hire date of . . . . . . During an interview with the Administrator, conducted on at 02:13 pm, the Administrator stated they did not have access to the trainings in the old system for the former company. Class III	A 161		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number,	A 162		

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A 162	Continued From page 26 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.	A 162		

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A 162	Continued From page 27 (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.	A 162		

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	AL11963958	A. BUILDING: _____ B. WING _____	C 03/29/2023

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BAYSIDE TERRACE	9381 U.S. HWY 19 NORTH PINELLAS PARK, FL 33782

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A 162	Continued From page 28 (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an updated Agency for Health Care Administration form (AHCA form 1823) for one (Resident #11) of two sampled residents who experienced a significant change resulting in a admission to Hospice Services. Findings Included: A record review was conducted on . . . . . revealed that Resident #11 was admitted to the Assisted Living Facility (ALF) on . . . . . and was admitted to hospice services on . Resident #11's Health Assessment (AHCA form 1823) was dated . and did not indicate	A 162		

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A 162	Continued From page 29 Hospice Services. No additional AHCA form 1823 were located in the file indicating that Resident #11's required hospice services. On [redacted] at 12:43pm an interview with the Regional Nurse was conducted and they agreed that it is their policy to keep the AHCA form 1823 updated for any significant changes in resident records. (Photographic evidence obtained) Class III	A 162		
A 170 SS=D	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or [redacted] of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the Facility failed to provide a timely resident refund for one (Resident #16) of one former resident sampled. Findings included: An attempted record review of Resident #16's	A 170		

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A 170	Continued From page 30 contract conducted on . . . . . revealed no file was available. In an attempted record review of the Facility's accounting and refund policy conducted on only a blank resident contract was provided. The contract was highlighted in yellow on the bottom of page 10 and the top of page 11 "prorated refunds are . . . . . from the date the apartment is vacated and cleared of all personal belongings, and they are disbursed within forty-five (45) days from that date." In an attempted record review of the Facility's admission and discharge log conducted on for Resident #16, there were no discharged resident entries on the log. A review of a letter of refund agreement dated from the facility revealed the following "[Facility Name] owes [Resident #16] a refund of $175.00 a month for 5 months for a total of $875.00 to be credited . . . . . This refund is due to incorrect level of care being charged. The resident will be getting credit towards her rent amount." The agreement was signed by Resident #16 and the facility's previous Executive Director. In an interview conducted on at 11:41 am with Staff N they were unable to provide the record or any proof of refund issuance to Resident #16, and stated that they would need to look into it. Photo Evidence Obtained. Class III	A 170		

Agency for Health Care Administration

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic , submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to ensure employees and individuals with controlling interest were registered with the Agency for Healthcare Administration (AHCA) Background Screening Roster within 10 business days of hire date, for three (Staff Q, Staff D and	CZ814		

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CZ814	Continued From page 32 Staff I) of six sampled employees. Findings Included: A record review conducted on revealed a facility change of ownership application with an effective date of , 100% ownership by Staff Q and Staff I listed as the Safety Liaison. A record review conducted on revealed Staff D (unlicensed medication technician) had a hire date of . A review of the facility's AHCA background screening roster conducted on revealed Staff D, Staff I and Staff Q were not registered on the facility's AHCA background screening roster. An interview with the Administrator conducted on at 1:36pm revealed that the facility had issues in the business office records and processes. During an interview with Staff N conducted on at 3:12pm they did not dispute the findings of missing individuals on the facility AHCA background screening roster and agreed they would be getting it updated. Unclassified	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited	CZ815		

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CZ815	Continued From page 33 offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ◡ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or . . . . . ◡ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ◡ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the 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	CZ815		

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CZ815	Continued From page 34 website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider.	CZ815		

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CZ815	Continued From page 35 (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 [redacted] with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30	CZ815		

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CZ815	Continued From page 36 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining ⌣ , pursuant to s. 943.05(2).	CZ815		

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CZ815	Continued From page 37 (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.	CZ815		

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CZ815	Continued From page 38 (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, 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	CZ815		

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CZ815	Continued From page 39 whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to have a Level II Background Screening conducted for one (Staff I) of six sampled staff and failed to ensure employees had proof of an eligible Level II background screening when unemployed for more than 90 days prior to date of hire, for one (Staff K) of six sampled employees. Findings included: Record review conducted on revealed Staff I was listed on the change of ownership application as the Safety Liaison as of . . . . . No eligible Level II Background Screening was available for review in the file. Observations conducted on and . . . . . from 11:00am-3:00pm, Staff I was observed in the facility entering resident rooms checking for air conditioner issues. A review of Agency for Healthcare Administration background screening roaster for Staff I conducted on . . . . . revealed results as, "Prints expired. A new screening is required." An observation conducted on at	CZ815		

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CZ815	Continued From page 40 10:20am revealed Staff K was cleaning resident rooms on the second floor. An interview conducted on at 10:20am with Staff K they revealed they were on their first day of employment as a housekeeper with the company and stated they were not working with an agency. A record review of the Level II background screening for Staff K (date of hire) conducted on revealed an eligibility date of . A review of Staff K's employment history revealed the last date of employment prior to being hired at the Facility was . In an interview conducted with the Administrator on at 1:46pm she was unaware Staff K started as an employee and said that no one had told her. In an interview conducted on at 1:42pm with the Executive Director and Staff N they stated they were unable to provide a level II background screening for Staff I until someone was in the corporate office. In an interview conducted on at 3:00pm with the Executive Director she stated that she was unable to say if the level II background screening was run prior to employment for Staff K as the retained prints expiration date changed, but the eligibility result date did not. Photographic Evidence Obtained. Unclassified	CZ815		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ␣ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣ , to the Federal Bureau of Investigation for a national criminal history record check. The ␣ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within	CZ816		

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CZ816	Continued From page 42	CZ816		

the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if [illegible] for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.
(2) Processing Screening Requests, Required Documents and Fees.
(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, [illegible], herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at:

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CZ816	Continued From page 43 http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if . . . . . for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , . to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 (Administrator and Staff D) of of 4 sampled staff had a signed attestation of compliance with background screening	CZ816		

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CZ816	Continued From page 44 requirement as required. Findings Included: During a review of employee records conducted on revealed that the Administrator and Staff D, did not have a completed attestation of compliance with background screening requirements. During an interview with the Administrator, conducted on at 2:13pm, the Administrator stated she could not access files they were all in the old system for the other company. Unclassifed	CZ816		
A 000	Initial Comments A change of ownership and a complaint survey (#2023002135, #2023002448, #2023002568, and #202300428), in conjunction with a generator monitoring visit was conducted on to at Bayside Terrace. Deficiencies were identified at the time of the survey.	A 000		
A 003 SS=D	59A-36.003(2) FAC; 429.12(1) FS Licensure - Change of Ownership (CHOW) 59A-36.003 (2) CHANGE OF OWNERSHIP. In addition to the requirements for a change of ownership contained in Chapter 408, Part II, F.S., Section 429.12, F.S., and rule Chapter 59A-35, F.A.C., the following provisions relating to resident funds apply pursuant to Section 429.27, F.S.: (a) At the time of transfer of ownership, all	A 003		

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A 003	Continued From page 45 resident funds on deposit, advance payments of resident rents, resident security deposits, and resident trust funds held by the current licensee must be transferred to the applicant. Proof of such transfer must be provided to the agency at the time of the agency survey and before the issuance of a standard license. This provision does not apply to entrance fees paid to a continuing care facility subject to the acquisition provisions in Section 651.024, F.S. (b) The transferor must provide to each resident a statement detailing the amount and type of funds held by the facility and credited to the resident. (c) The transferee must notify each resident in writing of the manner in which the transferee is holding the resident's funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited. 429.12 Sale or transfer of ownership of a facility.-It is the intent of the Legislature to protect the rights of the residents of an assisted living facility when the facility is sold or the ownership thereof is transferred. Therefore, in addition to the requirements of part II of chapter 408, whenever a facility is sold or the ownership thereof is transferred, including leasing: (1) The transferee shall notify the residents, in writing, of the change of ownership within 7 days after receipt of the new license. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify residents and/or their family members/legal representatives in writing of the change of ownership within 7 days of receipt of the facility's provisional license.	A 003		

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A 003	Continued From page 46 Findings included: A review of the facility's license conducted on [redacted] revealed a provisional license with an effective date of [redacted]. An attempted record review conducted on [redacted] revealed no written notice to residents and/or their family members/legal representatives notifying them of the change of ownership. An interview with the Director of Operations at 12:43pm on [redacted], they confirmed there were no change of ownership notification letters found in any resident files. Class III	A 003		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or	A 025		

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A 025	Continued From page 47 is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record	A 025		

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A 025	Continued From page 48 review, the facility failed to provide care, services, and supervision appropriate to the needs of four (Resident #4, Resident #20, Resident #21 and Resident #35) of six sampled residents. Findings Included: In an observation conducted on at 10:30am Resident #20 and Resident #21 were in their room and a strong odor of was noted. The odor was permeating out into the hallway in a large section of one of the second-floor corridors. In an interview conducted on at 11:00am with Staff K and Staff L, they stated that the odor in the second-floor hallway was coming from Resident #20 and Resident #21's room. In an interview with the Administrator conducted on at 1:35pm she acknowledged the strong odor on the 2nd floor and said that Resident #20 and Resident #21 don't like to shower, and that they had tried to have the family intervene. She was unable to provide documentation regarding the facility's efforts. In an interview conducted on at 2:50pm with a family member for Resident #4 they stated their father had not had a shower since admission in of 2022 because of issues with the shower. In an interview conducted on at 3:00pm with Resident #4 they stated they could not shower since moving into the facility in of 2022. A record review conducted on for	A 025		

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A 025	Continued From page 49 Resident #4 the Agency for Healthcare Administration (AHCA) 1823 Resident Assessment form was dated ..... revealed the resident had mild ..... was somewhat forgetful, and had ..... In an interview conducted on at 3:15pm Staff I stated Staff J would be fixing the shower for Resident #4. An observation conducted on at 11:45am in the main dining room Resident #20 had an extremely strong smell of coming from him. A record review conducted on for Resident #20 revealed an Agency for Healthcare Administration (AHCA) 1823 Resident Assessment form was dated and revealed that the resident required supervision with bathing, self-care and grooming. A record review conducted on for Resident #21 the AHCA 1823 Resident Assessment form was dated and revealed that the resident required supervision with bathing, self-care and grooming. A service plan located in the filed detailed a one person staff assistance with showers and that housekeeping staff complete all housekeeping tasks. An observation conducted on at 10:33am Resident #35 was waiting for the elevator on the second floor. His electric wheelchair had sticky spills in the left arm rest, dirt, crumbs, dust and debris along the base, edges of the seat, and on the cushions and footrests on each side. He was wearing a gray	A 025		

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A 025	Continued From page 50 t-shirt with dark red . . . . . stains scattered in two large areas approximately inches in size, on his . . . . In an interview with Resident #35 conducted on at 10:33am he said that he was itching his . . . and it caused the . . . . . In an interview with Staff M conducted on at 11:28am they stated that Resident #35's wheelchair was being washed and he was receiving a shower. During a additional observation conducted on . . . . . at 12:00pm Resident #35 was in the main dining room eating lunch at the table wearing the same gray t-shirt with . . . . spots scattered along the he was observed in at 10:33 AM. His wheelchair was still dirty. In an interview conducted on . . . . . at 1:42pm with Staff M they stated the facility would be evaluating if needs could be met for Resident #20, Resident #21, and Resident #35 and that it was an . . . . . control issue. Photographic Evidence Obtained Class III	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary	A 030		

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A 030	Continued From page 51	A 030		

provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C.
(b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [illegible], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida [illegible] Hotline, 1(800)96-[illegible] or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident [illegible], neglect, and [illegible];
6. Administrative and housekeeping schedules

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A 030	Continued From page 52 and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . . . . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.	A 030		

Agency for Health Care Administration

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A 030	Continued From page 53 (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this	A 030		

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A 030	Continued From page 54	A 030		

paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and

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A 030	Continued From page 55	A 030		

advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law,

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A 030	Continued From page 56 managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, interview, and record reviews the facility failed to provide a safe and decent living environment free from neglect by failing to implement proper housekeeping schedules and providing readily available personal hygiene supplies. Furthermore, the facility failed to treat residents with consideration and respect by ensuring outdoor access to patios were available for use by two of three residents with room patios. Findings Included: In an interview conducted on at 2:50pm with a family member for Resident #4 they stated their father had issues with his sliding glass doors on both sides of his room (total of 4 doors.) They stated another family member had moved the slider lock from one side to the other so their father would be able to utilize their patio by opening the left single sliding glass door on the living room side. At 2:55pm they stated they had	A 030		

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A 030	Continued From page 57 to talk to the housekeepers about coming in and sweeping and mopping once a week. In an observation conducted on at 2:55pm of Resident #4's room, there were wood pieces approximately 12 inches in length stuck between the wall and the right side of the slider door on the living room side, and the sliders did not lock or open well on the bedroom or living room side of the room. There was limited access to the patio using only the left slider in the living room side of the room. In an interview conducted on at 3:00pm with Resident #4 they stated the sliding glass doors did not work well and it was hard to use their patio. In an interview conducted on 30/28/2023 at 3:28pm Staff J stated he had work orders in his system for Resident #4. In an interview conducted on . . . . . at 10:00am Resident #18 stated that they had not been able to use their patio since they moved in because of the portable air unit hook up through the slider, which prevented it from opening. Additionally, they stated there was always white dust/debris blown in by the unit. In an observation conducted on . . . . . at 10:00am in Resident #18's room there was cardboard and . . . . foil along the entire right side of the sliding glass door where a portable air conditioner was vented to the outside onto their patio. There was white dust on the floor surrounding the portable unit.	A 030		

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A 030	Continued From page 58 In an interview conducted on . . . . . at 11:20am with Staff I they stated they should not be restricting patio access by an air conditioner, and needed to fix it. In an interview conducted on with Staff K and Staff L at 10:20am they stated that they follow the housekeeping log to know what rooms to clean for the day. In an interview conducted on . . . . . at 12:41pm with Resident #33 they stated they stated their room was not being cleaned and that they last came two weeks prior, but it was three weeks before that, and that the medication technician just took their garbage out that day. They stated they did not even know what day housekeeping was due to come. Additionally, they stated it was embarrassing to ask the concierge for toilet paper as there could be visitors around but that is what they were told to do. In an interview conducted on at 12:42pm with Resident #34 they stated that there had been an ongoing housekeeping issues for a couple of months and that at times they have gone a month without it. They stated the third floor was very neglected, including garbage. They expressed embarrassment by being required to go to the reception desk to ask for toilet paper when it was needed, as the housekeepers were without it last month. In a record review of the facility housekeeping log used by housekeeping conducted on . . . . . the rooms for the following residents were not on the cleaning log: " Resident #4	A 030		

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A 030	Continued From page 59 " Resident #10 " Resident #17 " Resident #22 " Resident #23 " Resident #24 " Resident #25 " Resident #26 " Resident #27 " Resident #28 " Resident #29 " Resident #30 " Resident #31 " Resident #32 In an attempted record review conducted on of the facility housekeeping policy, the requested policy was not provided. In an interview with the Administrator conducted on . . . . . at 1:42pm she stated that they had been having issues with housekeeping since . . . . . and were using agency staff. In an interview conducted on . . . . . at 1:42pm with Staff M they stated if the housekeeping log was missing rooms, they would fix it and then spot check it weekly. Photo Evidence Obtained. Class III	A 030		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256	A 052		

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A 052	Continued From page 60 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of	A 052		

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A 052	Continued From page 61 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 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	A 052		

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A 052	Continued From page 62 with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 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,	A 052		

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A 052	Continued From page 63 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, interview, and record review, the Facility failed to ensure proper assistance with self-administration of medications for one (Residents #4) of three sampled residents that required assistance with self-administration of medication, by failing to remove the prescribed amount of medication in front of the resident. Findings Included: In an observation conducted on at 3:10pm Staff A (unlicensed Medication Technician) had a clear medication cup in her with pills in it and a blue water cup entering Resident #4's room. In an interview with Staff A conducted on	A 052		

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A 052	Continued From page 64 . . . . . at 11:00am she stated that she had given Resident #4 some medication he requested for a . . . . . when running into surveyor exiting the room on at 3:10pm. A record review for Resident #4 conducted on . . . . . revealed an Agency for Healthcare Administration (AHCA) 1823 Resident Assessment form dated . . . . . that showed Resident #4 required assistance with self-administration of medication. In an interview conducted on . . . . . at 11:28am with Staff M they stated pills should be popped from the original container in the presence of the resident as part of the requirement for medication technicians. 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 receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is	A 054		

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A 054	Continued From page 65 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 ensure daily Medication Observation Records (MORs) were immediately updated each time the medications were offered or administered, and failed to document any missed dosages for one (Resident # 17) of one sampled resident that required assistance with self-administration of medication. Findings included: In an interview conducted on at 2:00pm with Resident #17, they stated they had many issues with medications including medications not given as ordered. A record review for Resident #17 conducted on [illegible] revealed an Agency for Healthcare Administration (AHCA) Form 1823 Resident Assessment (1823) dated [illegible] that indicated Resident #17 required assistance with	A 054		

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A 054	Continued From page 66 self-administration of medication. A record review of the MORs for Resident #17 revealed blanks with no comment code or staff initials next to three scheduled medications on multiple days. There were no exceptions or follow up/chart codes noted In an interview with Staff M conducted on at 2:00pm they confirmed there were blanks on the MORs for prescribed medications and stated, "there should be no blanks." Photographic Evidence Obtained. Class III	A 054		