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
	AL11968618	A. BUILDING: _____ B. WING _____	C 01/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAMPERED PARENTS ALF, INC	6 SETON CT PALM COAST, FL 32164

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A relicensure survey was conducted at Pampered Parents Alf, Inc. on . . . . . The provider had deficiencies at the time of the visit.	A 000		
A 032 SS=F	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo	A 032		

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A 032	Continued From page 1 identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on a review of facility records and interview with the Administrator, the facility failed to conduct and document elopement response drills twice per year, as required. The findings include: A review of facility records found there was no documentation that elopement response drills had been conducted with any facility staff.	A 032		

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A 032	Continued From page 2 During an interview on at 2:40 pm, the Administrator was asked for her elopement drills. She admitted she had not been keeping up with elopement drills as required. Class III	A 032		
A 052 SS=F	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	A 052		

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A 052	Continued From page 3 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 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	A 052		

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A 052	Continued From page 4 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 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	A 052		

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A 052	Continued From page 5 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, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, a review of resident records, and interviews with staff, the facility failed to provide appropriate assistance with the self-administration of medications for 3 of 3	A 052		

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A 052	Continued From page 6 residents observed (Residents 2, 3 and 4). The findings include: An observation of Resident 2 was conducted on at 9:05 am. She was in her bed and Employee A, Certified Nursing Assistant/Medication Technician, entered to assist with the self-administration of medications. Employee A had a small cup containing 5 pills in one and the corresponding medication bottles and packs in the other. Review of the medications and labels on the containers, the following pills were in the cup: , 0.5 milligrams (mg) take ½ (0.25 mg) twice a day agitation, , 500 mg, 1 tab three times a day for , 8.6 mg every day for , , 500 mg twice a day for control, and 240 mg daily for high , . Without telling the resident the name and dose of each medication, Employee A told Resident 2, "Time for your meds" and handed her the cup. Resident 2 took the medications and handed the cup to Employee A. Review of Resident 2's AHCA form 1023, Resident Health Assessment, confirmed she requires assistance with the self-administration of her medication. Photographic evidence obtained. After returning Resident 3's medications to the locking cabinet, Employee A dispensed the following medications into a small cup for Resident 3: Pantaprazole 40 mg daily, , 10 mg daily for , , 10 mg daily, , 81 mg daily for platelette aggregation inhibition- DO NOT CRUSH- SWALLOW WHOLE, 8.6 mg daily for , , , 75 mg daily	A 052		

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A 052	Continued From page 7 for , , , C 1000 mg, 600 mg, , 500 mg extra strength, D3 50 micrograms (mcg) and one gummy/chew. Employee A asked Resident 3, "Are we ready?" Resident 3 just laughed and said, "I guess, I don't know what we are doing." Employee A prompted Resident 3 to take and hold the medicine cup and provided -over- assistance to pour half of the pills into Resident 3's . Employee A assisted Resident 1 to drink her orange juice, reminding her not to chew the medications. Resident chewed them despite the reminder. Employee A assisted Resident 3 again with -over- assistance to take the other half of her pills. Once finished taking her pills, Employee A placed the gummy in Resident 3's . She did not tell Resident 3 any of the medications she was taking. Review of Resident 3's Resident Health Assessment dated noted she needed her medications administered. Photographic evidence was obtained. Next, Employee A retrieved Resident 4's medication and prepared the following in the same manner: 7.5 mg 1 tab twice a day, , 100 mg daily for , , 1 PreserVision , 1 , 1 D3 tablet, , 25 mcg 1 cap daily take 30 minutes before breakfast and 10 mg daily for . Employee A handed the cup to Resident 4, who didn't seem to know what to do with the cup. Employee A prompted her to put the pills in her , but Resident 4 stared at the cup and said, "They might get stuck. They say I am too little to do all these." After some coaching and physical assistance, Resident 4 took her pills.	A 052		

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A 052	Continued From page 8 At no time did she tell the resident what she was taking. Review of Resident 4's Resident Health Assessment, confirmed she requires assistance with the self-administration of her medication. An interview was conducted with Employee A on . . . . at 10:08 am and she was asked if she was aware she was supposed to advise the resident of the name and dose of each of their medications. Employee A said she was not aware. She said she normally does, but sometimes when told of the medications they are taking, it contributes to residents' agitation. Employee A acknowledged the requirement, even for . . . . residents. She was asked if she was aware that , was supposed to be given 30 minutes before meals. She said she was, but insisted Resident 4 refused her 7:30 am dose. An interview was conducted with the Administrator on at 11:20 am. She acknowledged the requirement that staff orally advise residents of their medications and was told Employee A did not do so for 3 of 3 residents observed. The Administrator stated with surprise that Employee A told her she had. The Administrator acknowledged Resident 4's . . . . , . . . instructed to take 30 minutes before a meal, but was given after breakfast. She stated Resident 4 always refuses medication before breakfast and that her hospice provider knows. In a second interview on . . . . at 3:30 pm, the Administrator was told of the observation with Resident 3 and advised her health assessment said she required medications to be	A 052		

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A 052	Continued From page 9 administered. The Administrator explained Resident 3's family signed the consent for her medications to be administered. She reviewed the consent form and realized it only permitted unlicensed staff to assist with the self-administration of medications, not administer medications. The Administrator acknowledged only a nurse could administer medication. 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 offered or administered and include: 1. The name of the resident and any known 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	A 054		

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A 054	Continued From page 10 medication as prescribed, or medication errors. (c) For medications that serve as chemical [redacted], 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 observation, a review of resident and facility records, and interview with staff, the facility failed to maintain an accurate daily medication observation record (MOR) for 3 of 3 residents observed for assistance with self-administration of medications (Residents 2, 3 and 4). The findings include: On arrival to the facility on [redacted] at 8:20 am, Resident 4 was at the breakfast table with her housemates finishing her meal. At 9:05 am on [redacted], Employee A, Certified Nursing Assistant/Medication Technician, started assisting residents with the self-administration of medications. She entered Resident 2's room with a small medicine cup containing 5 pills. One of the pills was identified as 1 [redacted], [redacted] 500 milligram tablet. The label instructed to take 1 tablet three times a day for [redacted]. The cup also contained 1 [redacted] 500 mg tablet. The instructions on the label directed her to take it twice a day for [redacted] control. Employee A handed the cup to Resident 2, who took the medication. Review of Resident 2's medication observation record (MOR) found the [redacted], [redacted] 500 mg tablet was to be given three times a day for , "PRN" (as needed). The MOR instructed to take 2 [redacted] 500 mg tablets daily for [redacted] at	A 054		

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A 054	Continued From page 11 8:00 am and 5:00 pm. After returning Resident 3's medications to the locking cabinet, Employee A dispensed several medications into a small cup for Resident 3 including, but not limited to, 1 600 mg tablet and 1 D3 50 microgram (mcg) tablet. Employee A provided over assistance for Resident 3 to take her medication. A review of the MOR for Resident 3 found it instructed to give 500 mg at 8:00 am and D3 10 mg (the equivalent of 10,000 mcg) at 8:00 am. Photographic evidence obtained. Resident 4 was assisted next and Employee A dispensed multiple tablets, including 1 25 mcg capsule, into a small cup. The label and the MOR both instructed to take 1 capsule daily 30 minutes before breakfast. Photographic evidence was obtained. Resident 4 had finished her breakfast almost an hour earlier. Employee A handed the cup to Resident 4, who with coaching and physical assistance, took her pills. An interview was conducted with Employee A on at 10:08 am. She was asked if she was aware was supposed to be given before meals. Employee A expressed awareness and insisted Resident 4 had refused hers this morning. Review of the MOR for Resident 4 found there was no indication she refused her 7:30 am scheduled dose of . Photographic evidence was obtained. An interview was conducted with the Administrator on at 4:10 pm. She	A 054		

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A 054	Continued From page 12 reviewed the MORs and confirmed the discrepancies for all 3 residents. She acknowledged the instructions on the MOR for Resident 2's could be misleading, and might be interpreted to instruct to give 2 tablets at 8:00 am and 2 tablets at 5:00 pm. She stated she would provide clarification. She reported Resident 4 has been refusing her medications more often, and acknowledged staff should be noting refusals on the MOR. Class III	A 054		
A 076 SS=D	59A-36.009 FAC . . . . . . ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission: 1. Form SCHS- . . . . , "Health Care Advance Directives - The Patient's Right to Decide," , . . . , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir	A 076		

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A 076	Continued From page 13 .pdf; and, 2. DH Form 1896, Florida [illegible] Form, [illegible], 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) [illegible] PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences [illegible] or [illegible], staff trained in [illegible] ([illegible]) or a health care provider present in the facility, may withhold [illegible] and [illegible]). (b) In the event a resident is receiving hospice services and experiences [illegible] or, [illegible]	A 076		

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	AL11968618	A. BUILDING: _____ B. WING _____	C 01/12/2023

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A 076	Continued From page 14 . . . . . , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on a review of resident and facility records and interview with the Administrator, the facility failed to develop written policies and procedures that explain its implementation of state laws and rules relative to . . . . . ( ). This had the potential to negatively impact all 5 of 5 residents in the facility in the event any resident was found unresponsive by not having a policy or process in place for staff to refer to and implement in the event of resident . . . . . . The findings include: During a record review for Resident 2, a DH Form 1896, Florida Form dated . . . . . , 2004 was located in her chart. The form was printed on a piece of white paper rather than the required goldenrod or yellow paper. A copy was also posted in the resident's room behind her door, also on white paper. Photographic evidence obtained. An interview was conducted with the Administrator on . . . . . at 3:30 pm. She was asked about the form and confirmed Resident 2 had a . . . . . She was shown the form on the white copy and advised that it was not valid unless printed on yellow or golden paper. The Administrator expressed lack of awareness that the form must be on yellow paper to be valid. The facility's policy and procedure on DRNOs was requested at this time. The Administrator said she did not have a policy, and has never has	A 076		

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A 076	Continued From page 15 been told that she needed one. Class III	A 076		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of	A 078		

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A 078	Continued From page 16 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 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 a review of employee records and interview with the Administrator, the facility failed to ensure 1 of 2 sampled employees (Employee A) submitted a written statement from a health care provider indicating freedom from signs or symptoms of communicable . The findings include:	A 078		

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A 078	Continued From page 17 A personnel file for Employee A found she was hired on [redacted] as a Certified Nursing Assistant and Medication Technician. The file did not contain a written statement from her health care provider that she had no signs or symptoms of communicable [redacted]. An interview was conducted with the Administrator on at 3:30 pm. She reviewed the file and confirmed the missing documentation. Class III	A 078		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted]; and,	A 160		

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A 160	Continued From page 18 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department	A 160		

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A 160	Continued From page 19 inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated 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 a review of facility records and interview with the Administrator, the facility failed to maintain an up-to-date admission and discharge log that included the date of admission and location the resident was admitted from for 2 of 5 sampled residents (Residents 3 and 4), or the date of discharge, reason for discharge, and identification of the facility or address discharged to for 1 of 6 residents in the sample (Resident 6). The findings include:	A 160		

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A 160	Continued From page 20 A review of the facility's admission and discharge log revealed neither Residents 3 or 4, who were residing in the facility at the time of survey, were entered into the log upon admission. Resident 6 was admitted , but was still on the log despite being discharged prior to the survey. There was no discharge date or location she was discharged to. Photographic evidence was obtained. An interview was conducted with the Administrator on at 3:30 pm. She reviewed the log and confirmed Residents 3 or 4 were not entered into the log after admission, and that Resident 6 had discharged without being recorded in the log. Class III	A 160		
CZ841 SS=F	408.823( ) FS In-person Visitation (1) This section applies to , centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the , licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective	CZ841		

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CZ841	Continued From page 21 equipment, and other . . . . control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any . . . . . or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor. (b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care. (c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects: 1. End-of-life situations. 2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support. 3. The resident, client, or patient is making one or more major medical decisions. 4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently . . .	CZ841		

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CZ841	Continued From page 22 5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. . . . . patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on a review of facility records and interview with staff, the facility failed to develop visitation policies and procedures that met the requirements and post the policy in an easily accessible location from their website homepage within 24 hours. The findings include: A review of facility records found no visitation policy that addressed include control and	CZ841		

Agency for Health Care Administration

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CZ841	Continued From page 23 education, screening, personal protective equipment and other control protocols for visitors; length of visits; numbers of visitors; consensual physical contact or essential caregivers. There was no information related to residents facing end-of-life situations, residents struggling with the change in environment or making one or more major medical decisions, residents experiencing emotional distress or grieving, who might need encouragement to eat or drink which was previously provided by a family member or caregiver, or residents who used to talk and but are now seldom speaking. In an interview with the Administrator on at 1:30 pm, she admitted she has not updated her policy since COVID-19 to meet the new requirements, which she was not aware of. She confirmed there was no visitation policy posted on her facility's website. Upon review of the website at this time (https://pampered-parents.com), it was verified there was no policy posted. Class III	CZ841		