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
	AL11969330	A. BUILDING: _____ B. WING _____	C 05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET STREET EAST LAKE	833 EAST LAKE ROAD N TARPON SPRINGS, FL 34688

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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 the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ816	Continued From page 1	CZ816		

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 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, , 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: http://ahca.myflorida.com/MCHQ/Central_Service

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CZ816	Continued From page 2 s/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 obtain a signed affidavit or attestation of compliance for one employee (Staff H) of six sampled employees.	CZ816		

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CZ816	Continued From page 3 Findings Included: A record review for Staff H, conducted on , revealed that Staff H's employee record did not contain a signed affidavit or attestation of compliance for the employee. Staff H was hired on . . . . . . During an interview with the Business Office Manager, conducted on 05/024/2023 at 03:01pm, the Business Office Manager was unable to locate an affidavit or attestation of compliance signed by Staff H. Unclassified	CZ816		
A 000	Initial Comments A complaint investigation (complaint numbers: 2023005276, and 2023006349) was conducted at Market Street Memory Care on . Deficiencies were identified at the time of survey. revised	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a	A 008		

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A 008	Continued From page 4 form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or	A 008		

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A 008	Continued From page 5	A 008		

administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 days before or within 30 days after the individual's

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A 008	Continued From page 6 admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.	A 008		

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A 008	Continued From page 7 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children	A 008		

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A 008	Continued From page 8 and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a completed health assessment form with the required nursing services, type of medication assistance, and Examiner telephone number and address for two Residents (#10 and #12) of four sampled residents. Findings Included: A record review for Resident #10, conducted on [redacted], revealed that Resident #10 was admitted to the facility on [redacted] and into hospice services on [redacted]. Resident #10's health assessment form dated [redacted] did not include the resident's required hospice nursing services on page one. Resident #10's health assessment form did not include the Examiner's telephone number and address. A record review for Resident #12, conducted on [redacted], revealed that Resident #12 was admitted to the facility on [redacted]. Resident #12's health assessment form dated [redacted] did not include the type of assistance that the resident required for medication administration. Resident #12's health assessment form did not	A 008		

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A 008	Continued From page 9 include the Examiner's telephone number and address. During an interview with the Executive Director, conducted on at 05:00pm, the Executive Director agreed that Resident #10's health assessment form did not include the resident's required hospice nursing services on page one or the Examiner's telephone number and address. The Executive Director agreed that Resident #12's health assessment form did not include the type of assistance that the resident required for medication administration or the Examiner's telephone number and address. Class III	A 008		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints	A 030		

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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 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. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident [illegible], neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. [illegible] 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

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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.
(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

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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 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

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A 030	Continued From page 13 resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and 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 , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if	A 030		

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	AL11969330	A. BUILDING: _____ B. WING _____	C 05/24/2023

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A 030	Continued From page 14 applicable, [redacted], 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 [redacted] Hotline operated by the Department of Children and Families, and [redacted], 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 [redacted] or [redacted] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.	A 030		

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A 030	Continued From page 15 This Statute or Rule is not met as evidenced by: Collins, Crystal Based on observation, record review, and interview, the facility failed to honor residents' rights for a safe and decent living environment free from a mite infestation. Additionally, the facility failed to notify visitors, emergency medical services personnel, hospitals, and other facilities where residents were discharged of the facility's active outbreak. Furthermore, the facility failed to follow their outbreak policy and procedures which placed all 43 residents, 58 employees, visitors, and personnel at other facilities at risk of becoming with and/or the complications of . Findings Included: During an interview with the Executive Director, conducted on at 09:23am, the Executive Director stated that the facility had active in the building. The Executive Director stated that the facility had reduced the residents from . During an interview with Staff I (Resident Care ,), conducted on at 10:18am, Staff I stated that there were residents that had itching to their and . Staff I identified Resident #21 as one of the residents that had signs and symptoms of itching to her and . Staff I was not sure if other residents and staff had been treated for . During an interview with Staff J (licensed practical Nurse), conducted on at 10:09am, Staff J stated that the facility had a current outbreak of and that Residents #9, #10,	A 030		

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A 030	Continued From page 16 and #11 had signs and symptoms of [illegible]. Staff J stated Residents #9 and #10 were treated on [illegible] with a scabicide. Staff J stated that Resident #11 had not been treated with scabicide yet but that the treatment and notification were in progress. Staff J was not sure of other residents or staff that were treated for [illegible]. During an interview with Staff K (Resident Care [illegible]), conducted on [illegible] at 10:07am, Staff K stated that Residents #9, #10, and #11 and Staff L (Resident Care [illegible]) and Staff O (Resident Care [illegible]) had [illegible]. During observations, conducted on [illegible] from 09:00am through 06:00pm, there was no sign posted on the facility's entry door alerting visitors of the active [illegible] outbreak in the facility. Residents on both units were observed sitting in fabric chairs, [illegible] the units, hugging, and holding [illegible]. Group activities and communal dining services continued for both units. None of the fabric furniture was covered. At 12:30pm, Resident #10 was observed sitting at a dining table with other residents and staff. During an interview with the Resident Wellness Director, conducted on [illegible] at 10:15am, the Resident Wellness Director stated that no residents were on isolation precautions. The Resident Wellness Director stated that Residents #9 and #10 were recently treated for [illegible] and Resident #11 was next to be treated for [illegible] due to the resident having signs and symptoms of [illegible]. The Wellness Director stated that Residents #13 and #14 were also treated for [illegible] signs and symptoms but no longer resided at the facility. The Resident Wellness Director stated that Residents #15, #16, #17, #18, #19, and #20 were transferred from the facility to	A 030		

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A 030	Continued From page 17 the hospital during the month of , . The Resident Wellness Director was unable to provide evidence that emergency services personnel that transported the residents to the hospital were notified that the resident may have an active infestation of or were exposed to . . The Resident Wellness Director was unable to provide evidence that hospitals were notified that the residents may have an active infestation of or were exposed to . A review of the residents that were sent to the hospital in the month of , was conducted on . The report noted that Resident #15 was sent on . Resident #16 was sent on . Resident #17 was sent on . Resident #18 was sent on . Resident #19 was sent on . Resident #20 was sent on . Resident #12 was not noted with a hospital visit in , . A record review for Resident #12, conducted on , revealed that Resident #12 was admitted to the facility on . Resident #12's record noted that the resident was sent to the hospital on due to a . There was no evidence in Resident #12's record that emergency services personnel and the hospital were notified that the resident may have been exposed to or had an active infestation. A record review for Resident #9, conducted on , revealed that Resident #9 was admitted to the facility on and into hospice services on . According to Resident #9's health assessment form dated , the resident had a diagnosis of and was forgetful. Resident #9 required	A 030		

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A 030	Continued From page 18 assistance with all activities of daily living and required medication administration. According to Resident #9's medication observation records, there was no evidence that the resident received the prescribed scabicide cream that was scheduled on at 06:00pmhe. Resident #9 received weekly skin checks. There was no evidence that Resident #9 had daily skin checks performed per the facility's policy and procedures. A record review for Resident #10, conducted on , revealed that Resident #10 was admitted to the facility on and into hospice services on . According to Resident #10's health assessment form dated , the resident had a diagnosis of . Resident #10 required supervision with ambulation, toileting, and transferring and assistance with bathing, , eating, and grooming. Resident #10 required assistance with self-administration of medications. According to Resident #10's medication observation records, the resident received the scabicide on the day of survey at 09:00am. The prescription noted that the scabicide needed to be left on the resident for fourteen hours. Resident #10 received weekly skin checks. There was no evidence that Resident #10 had daily skin checks performed per the facility's policy and procedures. A record review for Resident #11, conducted on , revealed that Resident #11 was admitted into hospice services on . According to Resident #11's health assessment form dated , the resident had a diagnosis of . Resident #11 required assistance with eating and was total care with ambulation, bathing, ,	A 030		

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A 030	Continued From page 19 grooming, toileting, and transferring. Resident #11 required assistance with self-administration of medications. According to Resident #11's medication observation records, there was no scabicide treatment scheduled. There were no orders from Resident #11's primary care provider for scabicide treatment. Resident #11 received weekly skin checks. There was no evidence that Resident #11 had daily skin checks performed. There was no evidence in Resident #11's record that the resident's primary care provider was notified that the resident had signs and symptoms of . . . . . There was no documentation in Resident #11's record that the resident was having signs and symptoms of . . . . . . A review of the facility's . . . . . tracking log dated , conducted on , revealed that Resident #13 was admitted on with a to his torso, arms, and . . with no resolution, treatment, or skin scraping noted. Former Resident #14 had a to his torso, arms, and . . on . . . . . with no resolution, treatment, or skin scraping noted. Staff L (Resident Care . , ...) had a . . to his torso, arms, and . on . with no resolutions, treatment, or skin scraping noted. Staff M (Resident Care , ...) had a to his torso, arms, and . . on . . . . . that resolved on . There was no treatment or skin scraping noted. Staff N (licensed practical Nurse) had a to her torso, arms, and . on . . . . . that resolved on . . . . . There was no treatment or skin scraping noted. Residents #9, #10, #11, #21 Staff O were not listed as having signs and symptoms of , treatment, resolution, or skin scraping. A review of the daily staff assignments, conducted on , revealed that the daily	A 030		

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A 030	Continued From page 20	A 030		

assignment sheets (photographic evidence obtained) from through had first names of staff only. The assignment sheets did not include which units each member of staff was working on a given shift or which residents the staff were working with during their shift.

A review of the Centers for Control website found at https://www.cdc.gov/.../index.html, conducted on , revealed that was caused by an infestation of the skin by a human itch mite that burrows into the upper layers of the skin where it lives and lays eggs. The mite causes intense itching and . The mite was usually spread by direct, prolonged, skin-to-skin contact with the person with . Possible complications included the development of skin sores due to the scratching of the intense itch. The skin sores could become with such as , or -Hemolytic Streptococci. The skin could lead to an of the , or , injury. Persons that were at risk for complications included persons with , weakened systems, very sick persons such as those in hospitals or nursing facilities, and older people in nursing homes.

A review of the recommendations set forth in an email to the Executive Director on by the local health department was conducted on . The local health department's email noted that two or more cases of warranted outbreak monitoring with the local health department and with at least two confirmed resident care staff the local health department

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A 030	Continued From page 21 would move forward with the [redacted] outbreak monitoring. The email noted that the local health department recommended that the facility implement recommendations as well as record keeping for tracking and trending measures. The local health department also provided the following recommendations: Have an active program for early detection of infested patients and staff Notify local health department of outbreak and determine if any evidence of increased [redacted] in the general community Notify other institutions to or from which infested or exposed patients may have transferred Consult with an experience dermatologist for assistance in differentiating skin rashes and confirming the diagnosis of [redacted] Maintain records with patient name, date of birth, age, [redacted], room number, roommate names, skin scraping status and results, and name of all staff who provided [redacted] on care to the patient before implementation of [redacted] control measures - symptoms can take up to 2 months to appear in exposed persons and staff [redacted] and avoid direct skin-to-skin contact with any RSs who are suspected or confirmed to have [redacted] for at least 8 hours after application of scabicide treatment Identify and provide prophylaxis [preventative] to all [redacted] individuals (staff, relatives, patients, etc. [et cetera]) having prolonged, direct skin-to-skin contact with an infested person before he/she was treated	A 030		

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A 030	Continued From page 22 Offer prophylaxis to household members (spouses, children, etc.) of staff who are receiving treatment During a telephone interview with a local health department's Representative, conducted on at 04:07pm, the Representative stated that the facility only made one initial notification to the health department regarding Residents #13 and #14 and Staff L, M, and N's signs and symptoms. The Representative stated that the facility had not notified the local health department of any other cases of . The Representative stated that the facility should notify visitors with a sign posted on the facility's front entry door to warn the public of the outbreak. The Representative stated that the facility should be notifying emergency services personnel, hospitals, and other facilities that residents are transferred to that residents may have been exposed to or have an active infestation of . A review of the facility's policy and procedures created and revised on entitled 'Outbreak Management - .' (P&P) was conducted on . The P&P noted to: Take immediate action to contain outbreaks of illness. Purpose - It is necessary to manage an outbreak of an or communicable (an outbreak is a large increase over the usual level of or evidence of even one of an unusual or serious nature) to protect the health of residents and associates.	A 030		

Agency for Health Care Administration

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A 030	Continued From page 23 1. Start the . . . . Control Log and update with each identified case 2. Check to make sure the diagnosis is correct by assessing signs and symptoms, lab results when available, and reviewing information with the resident's physician 3. Investigate to find out if there are any other cases in other areas of the residence, or among associates, volunteer, or visitors 4. Investigate to find out the exact nature and extent of the problem: Check the date and time of the onset of symptoms; this will help to find out if the was cause by one source or if it was spread from person-to-person Check the location of affected individuals within the community to find out where it started and how far it spread Check to see if there is a common link: same caregiver, same procedures, same diet, etc. 7. Prevent the spread of the by doing the following: Limit group activities Confine . . . . . residents to their rooms Restrict visitors in the community Make sure to designate staff to only assist with the resident or residents with the illness Any upholstered furniture should be plastic	A 030		

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A 030	Continued From page 24 wrapped for 72 hours to suffocate the mites [illegible] treatment of other residents and staff who may have had prolonged skin to skin contact with the [illegible] resident should be offered Complete daily skin checks on all residents until the outbreak is resolved 8. Complete a written report of the outbreak situation, including: person's name, date/time of onset, location, type of outbreak, extent of outbreak, findings of the investigation, action taken, health authorities notified/involved, and follow-up activity At 01:15pm, the Resident Wellness Director was unable to state which units that staff worked on for each shift during the week of [illegible] through [illegible]. The Resident Wellness Director was unable to state which residents that staff worked with on their shift for each shift from [illegible] through [illegible]. The Resident Wellness Director stated that the assignments were noted on a dry erase board by the employee time clock prior to shift start and erased for the next shift to be noted. The Resident Wellness Director stated that when there were at least five staff on duty one staff was a float between both units. At 04:00pm, the Resident Wellness Director stated that all of the residents in one unit were treated [illegible] (preventatively) but only Residents #9 and #10 had been treated in the other unit. The Resident Wellness Director stated that none of the residents or staff have been confirmed with [illegible] through a skin scraping or other test. The Resident Wellness Director stated that the facility had not consulted with a Dermatologist.	A 030		

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A 030	Continued From page 25 At 03:15pm, the Executive Director was unable to state which units that staff worked on for each shift during the week of . . . . . through . The Executive Director was unable to state which residents that staff worked with on their shift for each shift from through . . . . The Executive Director agreed that the facility did not notify the local health department of the new cases of . . . . . since the facility's initial notification. The Executive Director agreed that the facility was not tracking where staff were working in order to track the . outbreak. At 04:15pm, the Executive Director agreed that Resident #9's was not documented as given. The Executive Director agreed that residents that received the scabicide treatment and had not been washed off should be in , . At 05:15pm, the Executive Director agreed that the facility had not followed their P&P. The Executive Director agreed that the facility was not following the local health department's recommendations. The Executive Director agreed that the facility was not notifying the public, visitors, emergency services personnel, and other facilities that residents had been exposed to or had an active infestation of . . . . . . Class II	A 030		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a	A 053		

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A 053	Continued From page 26 significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have licensed Nurses administer medications to two Residents (#1 and #9) of two sampled residents that required medication administration. Findings Included:	A 053		

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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 053	Continued From page 27 A record review for Resident #1, conducted on [redacted], revealed that Resident #1 required medication administration according to Resident #1's health assessment form dated [redacted]. Resident #1's [redacted] medication observation records had medications documented as given to the resident by Staff A and B. A record review for Resident #9, conducted on [redacted], revealed that Resident #9 was admitted on [redacted]. According to Resident #9's health assessment form dated [redacted], the resident required medication administration. Resident #9's [redacted] medication observation records had medications documented as given to the resident by Staff J. A review of the staffing list, conducted on [redacted], revealed that Staff A, B, and J were employed as unlicensed Medication Technicians. During an interview with the Executive Director, conducted on [redacted] from 04:30pm through 04:45pm, the Executive Director agreed that Staff A, B, and J were unlicensed Medication Technicians. The Executive Director agreed that according to Residents #1 and #9's health assessment forms, the residents required medication administration. Class III	A 053		
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;	A 054		

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A 054	Continued From page 28 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 [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 immediately update medication observation records (MORs) when [illegible] cream was applied and washed off from two Resident (#9 and #10) of two sampled residents that were prescribe[illegible], cream. Findings Included:	A 054		

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A 054	Continued From page 29 A MORs review for Resident #9, conducted on , revealed that Resident #9's prescribed 5% , cream was ordered to be applied from to soles of on and to wash off 12 hours later. There was no documentation that Residents #9 received the cream application. There was no documentation that the cream was washed off after 12 hours of the application. A record review for Resident #9, conducted on , revealed that Resident #9 was admitted on required medication administration according to Resident 9's health assessment form dated . A MORs review for Resident #10, conducted on , revealed that Resident #10's prescribed 5% , cream was ordered to be applied from to on and to wash off 14 hours later. Resident #10's MORs noted that the resident received the application at 09:00am on . The cream task of washing off Resident #10 was not set up for documentation on Resident #10's MORs. A record review for Resident #10, conducted on , revealed that Resident #10 was admitted on required assistance with self-administration of medications according to Resident #10's health assessment form dated . During an interview with the Resident Wellness Director, conducted on at 04:15pm, the Resident Wellness Director agreed that Resident #9's prescribed application and wash off was not documented on Resident #9's MORs. The Wellness Director agreed that	A 054		

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A 054	Continued From page 30 Resident #10's wash off was not set up for documentation on Resident #10's MORs. Class III	A 054		
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	A 081		

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A 081	Continued From page 31 (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to 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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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	A 081		

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A 081	Continued From page 32 emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 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.	A 081		

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A 081	Continued From page 33 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff with the required in-service training, which included activities of daily living and behavioral needs and nutrition and safe food handling within thirty days of hire for three employees (Staff E, F, and G) of five sampled employees. Findings Included: An employee record review for Staff E, F, and G, conducted on , revealed that Staff E, F, and G's employee records did not contain evidence that the employees obtained three hours training regarding activities of living and behavioral needs and 1-hour training regarding nutrition and safe food handling within thirty days of employment. Staff E was hired on . Staff F was hired on . Staff G was hired on . During an interview with the Business Office Manager, conducted on at 03:37pm, the Business Office Manager agreed that Staff E, F, and G's employee records did not contain evidence that the employees obtained three hours training regarding activities of living and behavioral needs and 1-hour training regarding nutrition and safe food handling within thirty days of employment. Class III	A 081		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING	A 086		

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A 086	Continued From page 34 REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled "	A 086		

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A 086	Continued From page 35 and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's . . . . . and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular	A 086		

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A 086	Continued From page 36 contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide four hours of training regarding and related level-I within three months of employment for two employees (Staff E and F) of six sampled employees. Findings Included: A record review for Staff E and F, conducted on , revealed that Staff E and F's	A 086		

Agency for Health Care Administration

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A 086	Continued From page 37 employee records did not contain evidence that the employees obtained four hours of training regarding [redacted]'s [redacted] and related level-I training within three months of employment. Staff E was hired on [redacted]. Staff F was hired on [redacted]. During an interview with the Business Office Manager, conducted on [redacted] at 03:37pm, the Business Office Manager agreed that Staff E and F's employee records did not contain evidence that the employees obtained four hours of training regarding [redacted]'s [redacted] and related level-1 within three months of employment. Class III	A 086		