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
	AL11964870	A. BUILDING: _____ B. WING _____	05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING FORT MYERS	9461 HEALTHPARK CIRCLE FORT MYERS, FL 33908

(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 An unannounced complaint survey for # 2023007239 was conducted on . . . . . through at Pacifica Senior Living Fort Myers, an assisted living facility in Fort Myers, Florida. Complaint #2023007239 was substantiated at A030, A077, A079, and A083 at Class 1 Level. With A075 at Class 2 Level. The following is description of the deficiencies.	A 000		
A 030 SS=J	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 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; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . 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 . . . . ., neglect, and . ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone	A 030		

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A 030	Continued From page 2 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 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.	A 030		

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A 030	Continued From page 3	A 030		

(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 , , for health care services, the provision of or arrangement of transportation to health care ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for

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A 030	Continued From page 4 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 applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the	A 030		

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A 030	Continued From page 5 complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide health care services which are consistent with established and recognized standards within the community for 1 (Resident #1) of 1 resident reviewed who required	A 030		

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A 030	Continued From page 6 emergency care. The facility failed to implement their policy to provide , , ( ) for residents without a ( ) and honor the resident's right to have , , performed. All residents without a are at risk of the staff not implementing needed emergency care. The findings included: A review of Policy GP 26 - Staffing, First Aid, and , , , ( ) Policy Date: . Policy: The Executive Director is responsible to ensure properly trained staff members are available to respond to emergencies and ensure necessary care and supervision to residents. If the Executive Director is not present for more than 48 hours, an "in charge" staff person will be designated. Each Community must have at least one staff member trained in and First Aid and on the premises at all times. Procedure: ... 2. Each Community must ensure that direct care Personal Care Assistant training includes building and fire safety and appropriate response to emergencies ...6. A staff member who has completed courses in First Aid and , , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times." A review of the facility records showed the facility had a census of 37 residents, of whom 18 are to receive in the event of a life-threatening , event. Record review revealed Resident #1 was a full code (in the event of she desired). Resident #1 was listed on the discharge	A 030		

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A 030	Continued From page 7 log as being discharged on . Resident #1 experienced a , event and . Nothing was documented in Resident #1's chart as to what had happened to Resident #1 at discharge or where she went. On at 11:39 a.m., Staff B (resident aide) said on , , right after dinner, Resident #1 went to the bathroom and said she couldn't breathe. Staff B said they brought Resident #1 to the living room. She said Staff A (med tech) called 911 and within about minutes Resident #1 had . Staff B said other than Emergency Medical Services ( ), no one provided , however, when Staff A (med tech) was on the phone with 911, the 911 operator told Staff A to put her on Resident #1's and pump on her until arrived, if that was . Staff B said she was not sure if she was certified or not. Staff B said there is a sheet that will let you know if a resident was a full code, but Staff B said she was just a caregiver, so they don't let her know if anyone was a Full Code or ( ). Staff B said that would be the med tech's job, "the med tech is who would handle everything". On at 11:40 am, Staff A (med tech) said on , , she came to pass medications in Cottage 5. She said the caregiver told her Resident #1 was having a hard time. Staff A said Resident #1 didn't look well and was having difficulty breathing. Staff A said they brought Resident #1 to the dining room and tried to get Resident #1 to use her inhaler, but she couldn't. Staff A said she left to call the supervisor and by the time she returned, Resident #1 had out of her chair, so Staff A called 911. She said 911 proceeded to ask if Resident #1 was full code and Staff A responded yes. Staff A said the 911	A 030		

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A 030	Continued From page 8 operator then asked if the resident was breathing, and she responded yes and was then told to rock Resident #1's [illegible] and forth. When the 911 operator asked if the resident was still breathing, Staff A said she responded no, so the 911 operator told her to start [illegible]. Staff A said she had never done [illegible] and did not know how to do it. Staff A said the 911 operator had to walk her through it. Staff A said she did this for 2 - 3 minutes before paramedics walked in and took over. Staff A said she was not trained in [illegible] and no one else on the facility staff attempted to [illegible] the resident. She said she knew Resident #1 had been a full code. She said the facility policy was to call 911, that's the #1 priority, then call the family. Staff A said as far as she knew, unless you were a nurse you didn't provide [illegible]. On [illegible] at 11:21 a.m., the Administrator said Resident #1, [illegible]. The administrator said she had already left the campus when she received a message from [illegible], at approximately 6:15 p.m., that [illegible] was on their way to the facility for a resident with a blocked airway in the Dining Room and asking her to send a nurse until [illegible] can arrive. The Administrator said there are no nurses on staff. She then received a call from Staff D (lead med tech) who also wasn't on premises and who told her Resident #1 wasn't breathing. The Administrator said she thought [illegible] had taken Resident #1 out of the facility and she did not find out the resident had [illegible] until the next morning when Resident #1's daughter called and told her, the resident [illegible] in the living room of Cottage 5. The Administrator said the two staff members working (Staff A and Staff B) had never experienced a [illegible] before and the daughter said they were out of sorts. The	A 030		

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A 030	Continued From page 9 Administrator said to her knowledge, the staff did not perform . The Administrator confirmed the facility has no staff members who have valid certification. The Administrator said she had been with the facility 2 months and was not something she had been looking at. The administrator said it was the business office manager who had handled that, and she no longer worked there. The Administrator said she had no documentation of the event involving Resident #1. On at 1:16 p.m., the Administrator said from her investigation the most significant concern was that the daughter said she was amazed that upper management didn't call her. The Administrator's conclusion was the med tech could have called the administrator. The Administrator said she needs to look into what they could do better. Class 1	A 030		
A 075 SS=G	429.255( ) FS Use of Personnel; Emergency Care ( ) (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2)(b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility.	A 075		

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A 075	Continued From page 10 (4) Facility staff may withhold or withdraw or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing or use of an automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure a functioning automated external defibrillator ( ) was available on premises at all times. The lack of accessibility to an in this facility with a capacity for 70 residents made it unavailable for emergency care for 1 resident (Resident #1) with the expectation of life saving care who experienced a life-threatening event and . All residents without a are at risk of not receiving needed life sustaining emergency care. The findings included: On a review of the facility records showed	A 075		

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A 075	Continued From page 11 the facility had a census of 37 residents, of whom 18 are to receive in the event of a life-threatening event. On at 10:58 a.m., Staff D (lead med tech) was asked about the machine (analyzes rhythm and if necessary, delivers an electrical to those experiencing sudden). Staff D went to the laundry room and looked in a cabinet and said it was not there. She then checked the health services office and it was not there. Staff D said it was usually in the laundry room and she did not know how long it had been since it was there. On at 11:39 a.m., Staff B said an helps with and breathing and she has seen it around in a med room and she had seen one in a resident room. On at 11:40 a.m., Staff A (med tech) said as far as she knew, the facility did not have an machine. On at 12:19 p.m., the Administrator said the facility had one machine and it was either in Cottage 3 or 4, but she would have to check with maintenance to be sure. The Administrator admitted both those cottages were shut down for renovations and staff would not have had access to the . On at 12:22 p.m., an observation was made with the Maintenance Director. The was mounted to the wall in Cottage 3. The Maintenance Director said Cottage 3 is closed for renovations and the only staff with access to Cottage 3 were himself and housekeeping. He said neither he nor housekeeping is onsite around the clock.	A 075		

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A 075	Continued From page 12 Class 2	A 075		
A 077 SS=J	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of	A 077		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 077	Continued From page 13 the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule	A 077		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964870	A. BUILDING: _____ B. WING _____	05/09/2023

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A 077	Continued From page 14 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , . . . , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . . , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393.	A 077		

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A 077	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on record review, and interview, the Administrator failed to responsibly manage all staff and ensure appropriate care was provided to all residents as required, by failing to schedule a staff member in the facility at all times who has completed courses in First Aid (FA) and [redacted] ( ) and holds a currently valid card documenting completion of such courses. Failure to ensure a FA/ trained staff member was on the premises, identified to other staff members, and having the expectation of service in an emergency, lead to Resident #1's [redacted] when she became unresponsive. The findings included: A review of Policy "GP 26 - Staffing, First Aid, and [redacted] ( ) Policy Date: [redacted] Policy: The Executive Director is responsible to ensure properly trained staff members are available to respond to emergencies and ensure necessary care and supervision to residents. If the Executive Director is not present for more than 48 hours, an "in charge" staff person will be designated. Each Community must have at least one staff member trained in and First Aid and on the premises at all times. Procedure: ... 2. Each Community must ensure that direct care Personal Care Assistant training includes building and fire safety and appropriate response to emergencies ...6. A staff member who has completed courses in First Aid and [redacted] ( ) and holds a currently valid card documenting completion of	A 077		

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A 077	Continued From page 16 such courses must be in the facility at all times." A review of the facility records showed the facility had a census of 37 residents, of whom 18 are to receive in the event of a life-threatening , event. Record review revealed Resident #1 was a full code (in the event of she desired). Resident #1 was listed on the discharge log as being discharged on . Resident #1 experienced a , event and , without being initiated by a trained staff member. On at 11:39 a.m., Staff B (resident aide) said that on , right after dinner, Resident #1 went to the bathroom and said she couldn't breathe. Staff B said they brought Resident #1 to the living room. She said Staff A (med tech) called 911 and within about minutes Resident #1 had , . Staff B said she was not sure if she was certified or not. Staff B said there is a sheet that will let you know if a resident was a full code, but Staff B said she was just a caregiver, so they don't let her know if anyone was a Full Code or ( ). Staff B said that would be the med tech's job, "the med tech is who would handle everything". On at 11:40 am, Staff A (med tech) said she was not trained in and no other staff member attempted to the resident. She said she knew Resident #1 had been a full code. She said the facility policy was to call 911, that's the #1 priority, then call the family. Staff A said as far as she knew, unless you were a nurse you didn't provide .	A 077		

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A 077	Continued From page 17 The administrator reviewed the employee files on which revealed no one on staff possessed a current certification that required the student to demonstrate, in person, that he or she was able to perform and which was issued by an instructor or training provider that was approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education. On at 11:21 a.m., the Administrator stated the facility has been operating without valid coverage. The Administrator said she has been here 2 months and was not something she had been looking at. The Administrator said it was the business office manager who had handled that, and she no longer works here. The Administrator also said the facility has one which is kept in Cottage 3. She acknowledged Cottage 3 is closed for renovations and staff would not have had access to the . Class 1	A 077		
A 079 SS=J	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253	A 079		

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A 079	Continued From page 18	A 079		

26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and [illegible]
( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency

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A 079	Continued From page 19 medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.	A 079		

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A 079	Continued From page 20 (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing	A 079		

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A 079	Continued From page 21 requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain the minimum staffing requirement ensuring there was at least one staff member certified in [redacted] ( ) and First Aid on the premises at all times. The lack of staff certified in resulted in the of 1 resident (Resident #1) with the expectation of receiving life-sustaining care not receiving . All residents without a are at risk of the staff not implementing needed emergency care. The findings included: A review of Policy "GP 26 - Staffing, First Aid, and [redacted] ( ) Policy Date: Policy: The Executive Director is responsible to ensure properly trained staff members are available to respond to emergencies and ensure necessary care and supervision to residents. If the Executive Director is not present for more than 48 hours, an "in charge" staff person will be	A 079		

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A 079	Continued From page 22 designated. Each Community must have at least one staff member trained in and First Aid and on the premises at all times. Procedure: ... 2. Each Community must ensure that direct care Personal Care Assistant training includes building and fire safety and appropriate response to emergencies ...6. A staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. A review of the facility records showed the facility had a census of 37 residents, of whom 18 are to receive in the event of a life-threatening event. Record review revealed Resident #1 was a full code (in the event of she desired). Resident #1 was listed on the discharge log as being discharged on . Resident #1 experienced a event and , without being initiated by a trained staff member. On at 11:39 a.m., Staff B (resident aide) said that on , right after dinner, Resident #1 went to the bathroom and said she couldn't breathe. Staff B said they brought Resident #1 to the living room. She said Staff A (med tech) called 911 and within about minutes Resident #1 had . Staff B said she was not sure if she was certified or not. Staff B said that would be the med tech's job, "the med tech is who would handle everything". On at 11:40 am, Staff A (med tech) said she was not trained in and no other staff member attempted to the resident.	A 079		

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A 079	Continued From page 23 She said she knew Resident #1 had been a full code. She said the facility policy was to call 911, that's the #1 priority, then call the family. Staff A said as far as she knew, unless you were a nurse you didn't provide . . The administrator reviewed the employee files on and reported that only 4 staff members had documentation of . training. Further investigation revealed no one on staff possessed a current . certification that required the student to demonstrate, in person, that he or she was able to perform . and which was issued by an instructor or training provider that was approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education. On at 11:21 a.m., the Administrator acknowledged the facility has been operating without valid coverage confirming no shift had been staffed with a . certified staff member. Class 1	A 079		
A 083 SS=J	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current . certification that requires the student	A 083		

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A 083	Continued From page 24 to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the community had at least one staff member trained in , , ( ) and First Aid on the premises at all times. Failure to ensure a FA/ trained staff member was on the premises, identified to other staff members, and having the expectation of service in an emergency, lead to Resident #1's when she became unresponsive. All residents without a are at risk of when there is not a staff member in the facility who can perform lifesaving emergency care. The findings included: A review of Policy "GP 26 - Staffing, First Aid, and , , ( ) Policy Date: . Policy: The Executive Director is responsible to ensure properly trained staff members are available to respond to emergencies and ensure necessary care and supervision to residents. 6. A	A 083		

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A 083	Continued From page 25 staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times A review of the facility records showed the facility had a census of 37 residents, of whom 18 are to receive . in the event of a life-threatening , , event. Record review revealed Resident #1 was a full code (in the event of . . . . . she desired). Resident #1 was listed on the discharge log as being discharged on . . . . . Resident #1 experienced a , , event and , , ... , without . being initiated by a trained staff member. On at 11:39 a.m., Staff B (resident aide) said that on , , ... , right after dinner, Resident #1 went to the bathroom and said she couldn't breathe. Staff B said they brought Resident #1 to the living room. She said Staff A (med tech) called 911 and within about . . minutes Resident #1 had , . Staff B said she was not sure if she was . certified or not. On at 11:40 am, Staff A (med tech) said she was not trained in . and no other staff member attempted to . the resident. The administrator reviewed the employee files on . . . . . and reported that only 4 staff members had documentation of . training. Further investigation revealed no one on staff possessed a current certification that required the student to demonstrate, in person, that he or she was able to perform and which was issued	A 083		

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A 083	Continued From page 26 by an instructor or training provider that was approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education. On at 11:21 a.m., the Administrator acknowledged no one on staff held a valid certification and confirmed the facility has been operating without valid coverage. Class 1	A 083		