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	AL11910963	A. BUILDING: ______ B. WING ______	R 06/01/2023

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{A 000}	Initial Comments A Revisit to Complaint Investigation numbers 2022018995, and 2023000508 was conducted at Hazel Cypen Tower on May 5, 2023 to 1, 2023. Deficiencies were identified at the time of survey.	{A 000}		
{A 010} SS=G	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	{A 010}		

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{A 010}	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical ..... 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	{A 010}		

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{A 010}	Continued From page 2	{A 010}		

(3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility.

59A-36.006
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a [illegible] may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,
2. The condition is documented in the resident's record; and,

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{A 010}	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A . . , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	{A 010}		

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{A 010}	Continued From page 4	{A 010}		

described in Rule 59A-36.021, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record, and interview the facility failed to provide appropriate supervision for three out of 11 sampled residents (Resident #3, # 4 and Resident # 10). Resident # 3 sustained unexplained injuries to her left and . Resident #4 sustained 5 at the facility from through ; the last on , resulted in Burst and had a L1 combined Kyphoplastic / Vertebroplastic surgery. Resident # 10 sustained two one on and one on .

Findings included:

Review of the facility's log revealed Resident # 3 sustained on , and ; also on the resident was found to have on her left . Resident #4 sustained a at the facility on , , , and , the last . Resident # 10 sustained on and on , last right near the entrance of the facility.

1- Review of Resident # 3's progress notes revealed that:

- On resident continues to get up during the night without assistance from the hospital bed and keeps going to the to the other bed in the room despite teaching and re-direction.

- On resident paces around all night last night despite redirection.

- On staff reported to the nurse that

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{A 010}	Continued From page 5	{A 010}		

resident is and agitated after receiving a shower after dinner. Resident was noted coming out of wheelchair several times, stated, "Lets Go." Resident refused vitals to be done and continues to mumble Let's go. After several attempts not being non complaint into her wheelchair, staff was asked to walk closely with her and monitor her safely due to her not sitting in the wheelchair. Resident is currently 1 to 1 with staff.

-On at 0800 observed resident stand up from her wheelchair and walk over towards the nursing station and in a sitting position. No apparent injury noted. Awake and verbally responsive, no signs of or discomfort.

- On at 15:10 Staff reported that resident was found on the floor in her room, by bedside in sitting position.

- On at 16:43 resident woke up middle of the night and was walking in the unit. Closed supervised.

- On Resident not sleeping and was pacing around throughout the night shift. Redirection provided and was unsuccessful. Resident breaks and drop everything in her room on the floor. Close supervision in progress.

- On received report from CNA resident did not sleep last night and found broken item on the floor and the room a mess. Staff remained with resident. Resident did not sleep regardless of interventions from staff.

- On 11:00 AM activity staff offered and tried to take resident outside with other residents but unable resident became combative.

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{A 010}	Continued From page 6 - On . . .. at 12:45 PM resident yelling and hitting staff when attempt was made to assist with meals. - On . ... resident noted yelling HELPPPP loudly in the dining room area trying to get out of her wheelchair. Staff present to relax and calm her down, but she continues to be non-complaint. - On resident noted yelling at staff and peers in the dining room throughout meals. Other residents had to be moved from the table due to her yelling and touching them inappropriately. - On . ... resident noted yelling and cursing at the staff and her peers in the dining room during breakfast. Resident was redirected several times to her wheelchair to sit down. Nursing was advised to sit close to monitor her. Staff reported that resident attempted several times to hit her when asked to sit ... down in her chair. - On . ... after staff finished assisted her with dinner and she went to attent to another resident with dinner. Resident start yelling and leave her wheelchair, she grabbed a dinner chair run with it, by the time staff run to assist her she had already lost her balance and got herself on the floor in the dining room closed to her usual seat. - On . ... resident sitting in the dining room yelling foul words and screaming at staff. resident redirected ... into her chair by staff, refuses to sit at times. - On resident noted yelling HELP HELP HELP throughout breakfast, screaming at staff using profanity and wants to try to get out of chair. Staff present to continue to calm her down. Resident will watch Tv for a few minutes or read	{A 010}		

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{A 010}	Continued From page 7 then starts ... yelling again. Resident note several times getting out of chair. Resident wants to continue to disturb other resident sitting at the same table, therefore resident had to be removed. - On ... resident noted yelling in the dining room several times disturbing peers at the table. Resident was moved and placed to another table and continued to yells. Paper and crayons given to her and she began to coloring but still continue to scream. - On at 8:20 resident was observed on the floor by ... of the bed. Resident was restless, moving constantly and trying to grab things. - On ... resident sitting in the dining room constantly yelling out loud. Resident was asked several times what is wrong but she cannot state what. - On 21:43 Resident was observed in the dining room yelling at staff and peers at dinnertime. Nursing staff reported resident attempted to hit and kicked her while assisting to bed. - On the Resident Care Manager asked the nurse on duty to report resident left ... to Hospice nurse for follow up. Nurse will send a nurse tomorrow for follow up. - On ...- the nurse from Hospice came to see the resident. Hospice doctor made aware of findings and inform daughter request for labs, awaiting for orders. The doctor from hospice came to see the resident at 14:48 orders received for labs, and CMP labs done, awaiting for	{A 010}		

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{A 010}	Continued From page 8 results. Ordered cream to apply daily on open on left . - On - the resident was seen at the clinic by a Dermatologist Doctor for a diagnoses of , , was ordered and faxed to the pharmacy, was started on medication by every 8 hours for 7 days. Placed on contact precautions. - On - at 13:09 Hospice doctor and hospice nurse were informed that she had been seen by the dermatologist and the new medication ordered by the dermatologist were discussed with daughter; daughter agreed but requested lab test. Dermatologist did the diagnosis based on the signs and symptoms and stated no labs will be conducted at this time, same opinion as Hospice Doctor (labs no required), daughter was informed. -On Doctor # 1 from Hospice stated, "daughter at bedside, explained to her that the are less likely to be a due to there is no pattern of in the or , also patient with in her , discussed with her possible etiologies including possible connective tissue vs , but not alarming sign at this moment including no ." On Doctor # 2 from Hospice stated, "Current condition discussed with patient's daughter at bedside, explained to her that the are less likely to be a due to there is no pattern of in the or , also patient with on her , discussed with her multiple etiologies including possible connective tissue Vs , but no alarming signs at this moment including no	{A 010}		

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{A 010}	Continued From page 9	{A 010}		

." Also stated, "daughter feels the skin on her left / , is a . Two other physicians including evaluated patient's and felt it was not a ."

- An Independent Doctor stated on , "At the request of the referring provider, Hospice doctor #1, thorough care assessment and evaluation was performed today. She has non-, of the left, dorsal for at least 4days duration. There is no . There is no indication of , associated with this conditions." Stated that the was undetermined/unknown.

- On at approximately 1:30 PM the facility's Risk Manager stated that the result of the PCR for the resident had been positive. A review of the results revealed that it had been negative (<0.91).

2- Review of Resident #4's progress notes completed on revealed "at 7AM incoming CNA [Certified nursing assistant] called to notify that the resident was found on floor in the bathroom near the toilet when she arrived to her room for assistance. I found the resident sitting on the floor with her extended awake, alert, oriented to person and place, disoriented to time. Patient stated 'I am fine, I just slipped from the toilet when I tried to get up.' Resident and daughter instructed on importance of wearing non-skid shoes/socks."

-Review of Resident #4's progress notes completed on revealed "Around 2pm during rounds, resident observed on floor in sitting position with her against the bed stating 'I slipped from the bed while turning. okay, I just need some help to get up.'"

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{A 010}	Continued From page 10	{A 010}		

- Review of Resident #4's progress note completed on revealed "Resident was found by staff on floor at right side of bed. Resident stated 'I tried to get out of bed and my pushed forward and I on my butt.' Floor was dry and free of clutter. One pair of resident non-skid footwear was found off her beside her on the floor."

- Review of Resident #4's progress note completed on revealed "Post resident complained of from her right down to her . Resident have above right , ice was placed on area and resident was given 2 tabs of 325 mg."

- Review of Resident # 4's progress note completed on revealed "around 5:15 AM the resident was lying on the floor area in the living room in a supine position with her rolling walker by her side; she complaint of , and was sent to Hospital for evaluation.

-Review of Resident # 4's progress note completed on revealed the daughter on a phone call stated that the hospital was still running and , "probably tomorrow mom will have a procedure." resident was discharged to a rehabilitation center.

- During an interview on at 11:16AM The Director of Risk Management (Staff C), stated "On at 1600 the resident was found on the floor at the right side of the bed by nursing staff. Resident walker was next to her on the floor with footwear on her and the other off her , resident stated 'I had a light , my shoe off my while in bed and I tried to get up to put it on and slipped off the bed onto the floor

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{A 010}	Continued From page 11 on my butt.'". -Review of Resident #4's health assessment (AHCA Form 1823) completed on revealed diagnoses of , status post Loop , recorder, x 2, moderate-severe , moderate- , frequent , Left , , status post verebral accident, and . The resident had physical limitations of high risk, requires walker, may require assistance with ADL's [Activities of daily living], 1 person assist, and Left sided neglect status post . The resident was a high risk. Further review of the health assessment revealed the resident needed supervision with ambulation (walker), Independent with bathing, , eating, grooming, toileting, and Assistance with transferring. - During an interview on at 11:33AM when asked what interventions were put in place after the numerous , The Director of Resident Care (Staff B) stated "The resident was not wearing non-skid socks, I talked to the daughter and she brought them, the resident also over-estimates her limits and tries to get out of bed without calling for assistance, the resident is alert and oriented, we increased rounding for staff, after the second out of bed on that's when we noticed the pattern of her having an issue getting out of bed. The daughter ordered a new mattress after the on , we decided to change the box frame in the meantime while we are awaiting the new mattress. Since the box frame switch there has been no other out of the bed from her."	{A 010}		

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- On [redacted] at 2:05 PM the Administrator stated , "Resident # 4 had a [redacted] of the [redacted].

- On [redacted] at 2:06 PM the Director of Nursing stated stated, "She had a minimal [redacted] procedure. She had a [redacted], she had one before because of [redacted]. We do not know if she [redacted] because of the [redacted] or because of the [redacted], because she has [redacted]. We did not write it because she went to the hospital and from the hospital went to rehab."

3- Review of Resident # 10's progress notes revealed that on [redacted] - at 8:05 PM this nurse was notified by Certified Nursing Assistant that resident was on the floor on entering the resident's apartment resident was found on the floor, resident's son was on video monitor, stating his dad was trying to do to the bathroom. Resident stated, "I am embarrassed, I was trying to go to the bathroom when I [redacted] on the floor.

- Review of Resident # 10's progress notes revealed that on [redacted] at 11:14- nurse was informed that resident was lying on his [redacted] near the entrance door on the ground on the floor, stated that he was traying to transfer himself from wheelchair to the regular chair outside and [redacted] became weak and [redacted] forwards; no injuries. He was reminded to use call pendant for assistance.

- Resident # 10's Health assessment completed on [redacted] had the resident diagnosed with Unspecified [redacted], Unspecified [redacted], Major [redacted], Generalized [redacted], Adjustment

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{A 010}	Continued From page 13 with Mixed , and Depressed , Unspecified , D Deficiency, , Unspecified Abnormalities of Gait and Mobility, Abnormal Posture, Communication , History of Falling, Long Term Use of , of , Hypertensive with . The resident required assistance with all activities of daily living. - On at 9:49 AM the Administrator stated on the phone when asked if there were certified nursing assistants on the front of the facility when residents are there, "Well we have private duty aides there. We have people at the front a few away. He had a call pendant to call the concierge desk and he did not call. He is one of those residents that are able to call for assistance." - On at 9:56 AM the Director of Nursing stated d on the phone, "He was trying to transfer himself. When the first he was on facetime with his son. He did not call for assistance. We educated to call for assistance, we don't know why he did not call." Uncorrected Class II	{A 010}		
{A 025} SS=F	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying	{A 025}		

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{A 025}	Continued From page 14	{A 025}		

physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . , , . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.

59A-36.007 Resident Care Standards.
An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.
(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:
(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.
(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.
(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.
(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.

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{A 025}	Continued From page 15	{A 025}		

(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record, and interview the facility failed to provide appropriate supervision for two out of 11 sampled residents (Resident #4 and Resident # 10). Resident #4 sustained 5 at the facility from through ; the last resulted in Burst and had a L1 combined Kyphoplastic / Vertebroplastic surgery.
Resident # 10 sustained two one on and one on .

Findings included:

Review of the facility's log revealed Resident #4 sustained a at the facility on , , , and .
Resident # 3 sustained on , and .

Review of Resident #4's progress notes completed on revealed "at 7AM incoming CNA [Certified nursing assistant] called to notify that the resident was found on floor in the bathroom near the toilet when she arrived to her room for assistance. I found the resident sitting on the floor with her legsextended awake, alert, oriented to person and place, disoriented to time. Patient stated 'I am fine, I just slipped from the

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{A 025}	Continued From page 16	{A 025}		

toilet when I tried to get up.' Resident and daughter instructed on importance of wearing non-skid shoes/socks."

Review of Resident #4's progress notes completed on revealed "Around 2pm during rounds, resident observed on floor in sitting position with her against the bed stating 'I slipped from the bed while turning. okay, I just need some help to get up.'"

Review of Resident #4's progress note completed on revealed "Resident was found by staff on floor at right side of bed. Resident stated 'I tried to get out of bed and my pushed forward and I on my butt.' Floor was dry and free of clutter. One pair of resident non-skid footwear was found off her beside her on the floor."

Review of Resident #4's progress note completed on revealed "Post resident complained of from her right down to her . Resident have above right , ice was placed on area and resident was given 2 tabs of 325 mg."

Review of Resident # 4's progress note completed on revealed "around 5:15 AM the resident was lying on the floor area in the living room in a supine position with her rolling walker by her side; she complaint of , and was sent to Hospital for evaluation.

Review of Resident # 4's progress note completed on revealed the daughter on a phone call stated that the hospital was still running and , "probably tomorrow mom will have a procedure." resident was discharged to a rehabilitation center.

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{A 025}	Continued From page 17 During an interview on at 11:16AM The Director of Risk Management (Staff C), stated "On at 1600 the resident was found on the floor at the right side of the bed by nursing staff. Resident walker was next to her on the floor with footwear on her and the other off her , resident stated 'I had a light , my shoe off my while in bed and I tried to get up to put it on and slipped off the bed onto the floor on my butt.'". Review of Resident #4's health assessment (AHCA Form 1823) completed on revealed diagnoses of status post Loop , recorder, x 2, moderate-severe , moderate- , frequent , Left , , , status post verebral accident, and The resident had physical limitations of high risk, requires walker, may require assistance with ADL's [Activities of daily living], 1 person assist, and Left sided neglect status post . The resident was a high risk. Further review of the health assessment revealed the resident needed supervision with ambulation (walker), Independent with bathing, , eating, grooming, toileting, and Assistance with transferring. During an interview on at 11:33AM when asked what interventions were put in place after the numerous , The Director of Resident Care (Staff B) stated "The resident was not wearing non-skid socks, I talked to the daughter and she brought them, the resident also over-estimates her limits and tries to get out of bed without	{A 025}		

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{A 025}	Continued From page 18	{A 025}		

calling for assistance, the resident is alert and oriented, we increased rounding for staff, after the second out of bed on that's when we noticed the pattern of her having an issue getting out of bed. The daughter ordered a new mattress after the on , we decided to change the box frame in the meantime while we are awaiting the new mattress. Since the box frame switch there has been no other out of the bed from her."

On at 2:05 PM the Administrator stated , "Resident # 4 had a of the

On at 2:06 PM the Director of Nursing stated stated, "She had a minimal procedure. She had a , she had one before because of . We do not know if she because of the or because of the , because she has . We did not write it because she went to the hospital and from the hospital went to rehab."

Review of Resident # 10's progress notes revealed that on - at 8:05 PM this nurse was notified by Certified Nursing Assistant that resident was on the floor on entering the resident's apartment resident was found on the floor, resident's son was on video monitor, stating his dad was trying to do to the bathroom. Resident stated, "I am embarrassed, I was trying to go to the bathroom when I on the floor.

Review of Resident # 10's progress notes revealed that on at 11:14- nurse was informed that resident was lying on his near the entrance door on the ground on the floor, stated that he was traying to transfer himself from

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{A 025}	Continued From page 19	{A 025}		

wheelchair to the regular chair outside and became weak and forwards; no injuries. He was reminded to use call pendant for assistance.

Resident # 10's Health assessment completed on had the resident diagnosed with Unspecified , Unspecified , Major , Generalized , Adjustment with Mixed and Depressed , Unspecified D Deficiency, , Unspecified Abnormalities of Gait and Mobility, Abnormal Posture, Communication , History of Falling, Long Term Use of , of , Hypertensive with . The resident required assistance with all activities of daily living.

On at 9:49 AM the Administrator stated on the phone when asked if there were certified nursing assistants on the front of the facility when residents are there, "Well we have private duty aides there. We have people at the front a few away. He had a call pendant to call the concierge desk and he did not call. He is one of those residents that are able to call for assistance."

On at 9:56 AM the Director of Nursing stated d on the phone, "He was trying to transfer himself. When the first he was on facetime with his son. He did not call for assistance. We educated to call for assistance, we don't know why he did not call."

Uncorrected Class III

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A 027	Continued From page 20	A 027		
A 027 SS=G	59A-36.007(3) FAC Resident Care - Arrangement for Health Care	A 027		

(3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must:
(a) Assist residents in making and remind residents about scheduled for medical, dental, nursing, or mental health services.
(b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation.
(c) The facility may not require residents to receive services from a health care provider.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to arrange immediate health care services for one of 25 sampled residents, (Resident 3) who suffered an identified condition on and other parts of the body while under hospice care. The resident did not receive care for unexplained injuries resembling until the day after they were observed.

Findings included:

Interviewed on , at 12:41 PM, Staff V stated regarding having been observed on Resident #3's on , "She was at the dining area at 12:00 PM. I start at 1:00 PM, I went with [Staff G] to pick her up; I did not notice because she was in her wheelchair. When we arrived at the [resident's] room, and I touched her, I noticed my gloves were wet, like water, we changed her. This was after 1:00 PM, [Staff G]

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A 027	Continued From page 21	A 027		

was surprised. After we saw the nurse, I texted the daughter at 1:56 PM on .

Interviewed on , at 4:55 PM, Resident 3's family member stated, "[Staff V], is the one who called me when she arrived to be with my mom, she sent me a text at 1:52 PM; I went right away to see her; I don't know why they did not contact the doctor right away, there was no response when I asked the next day; Staff W told me they were waiting for [the Administrator] to give the OK; the next day I called him."

Interviewed on at 2:30 PM, the Administrator stated, "On the 22nd I was told by the Director of Nursing that she [Resident #3] had on her . The hospice nurse called the hospice doctor; [Physician #2] came because the doctor [Physician #1] was not available. [Physician #2] requested a consult."

Interviewed on at 2:34 PM, the Administrator stated regarding Resident #3, "On , I was told by [Staff B] that she [Resident #3] had on her , and we were going to try and get the hospice doctor to assess her. [Physician #1] was not in that day, so [Physician #2] was the one covering and came over that day. [Physician #2] came in at exactly noon, and he assessed the resident with the hospice nurse, and our nurse."

Interviewed on at 2:10 PM, the Administrator stated, "Breakfast is from 7:30 to 9:00 AM. [Staff from Hospice] is the CNA (Certified Nursing Assistant) from hospice who took care of her for morning routine, after that, our staff, and the hospice aide. [Staff G] is our CNA. After the , we had extra help because it was of unknown origin, so extra help

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A 027	Continued From page 22	A 027		

aide was available.

Interviewed on , the hospice doctor [Physician #2] stated, "On the 22nd, I went to see the patient; I was covering for the doctor [Physician #1] . [The nurse] told me the patient had some , so I was able to go and see her. I went around 12:00 PM. I did a complete examination; I asked the daughter for approval. I told the daughter she had other in her body, so I referred the patient to a dermatologist, after that, her regular doctor continued seeing her. The facility can send the patient to the emergency room, they don't have to wait for us. The hospice nurse, who was at the interview stated, "Yes, I called [[Physician #1] because of the on the left of the patient; the daughter sent me a text during the night saying that she thought it was a , but I did not see the phone until the next day. I go to see the patient once a week; that day it was not scheduled for me to go. The facility text me also to ask me to go the next day to see the patient. The facility always let me know if there is anything I need to know. If it happens during the night, they call the 24-hour hotline." The Senior Clinical Director, who was also on the interview, stated, "If they think it is an emergency, or any change in condition, they have to report it, and can call the 24-hour hotline. On at 7:24 PM, [The nurse] called the call center to report that the resident had on her . There is a nurse in the hot line that screens the call. The nurse that screened the call in this case, the nurse reported a , and the nurse from the facility wanted a call the next day."

A review of Resident #3's record and facility records found no documentation that the facility took another action when they did not get a call

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A 027	Continued From page 23 from the hospice call center on the same day. There was no documentation that the resident received medical care for approximately 23 hours once the injuries were identified. On at 1:22 PM, Staff G stated regarding , "I saw the resident at 9:00 AM, when she came to the dining area. The staff from hospice brought her and left her. They do activities in the dining area. There is a lady that comes to do activities with them. When we were changing her, we saw her with the . [Staff V] told the nurse." On at 5:13 PM, Staff X stated, "When I came to work at 3:00 PM, I found out. I understand the private aide called the daughter. I worked that day from 3:00 PM to 11:00 PM. Class II	A 027		
{A 030} SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary 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	{A 030}		

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{A 030}	Continued From page 24 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 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	{A 030}		

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sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(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

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{A 030}	Continued From page 26 visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this 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	{A 030}		

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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 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

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State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], 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 [illegible] Hotline operated by the Department of Children and Families, and [illegible], 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 [illegible] or [illegible] 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

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management of the facility or for the safety of the resident.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to follow its written grievance procedure for receiving and responding to resident complaints.

Findings include:

In an interview with Resident #3's daughter, she stated that her mother suffered on her left while residing at the facility, and when she informed the facility, they didn't answer her concerns.

A review of the facility's grievance log showed no documentation of Resident #3's incident regarding

A review of the facility's grievance policy showed, "The Executive Director will document the grievance process. The Executive Director will maintain a grievance log. All efforts will be made to resolve a resident/family member complaint utilizing available resources. In the event the resolution does not meet the satisfaction of the family member, the family member will be referred to the Chief Operating Officer of MJHS (Miami Jewish Health System)."

In an interview on at 12:21 PM, when asked for documentation of the investigation conducted on Resident #3's daughter believing her mother was , the Director of Nursing stated, "I just asked the staff if they saw anything I don't have documentation about the daughter's grievance thinking it's a . I don't have

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{A 030}	Continued From page 30 documentation of the investigation we conducted." On at 1:26 PM, the Director of Risk Management stated, "When we got the grievance from the daughter. The nurse noted the on the patient's skin and made an to be seen by the dermatologist. The physician said it was from observation. The order was followed right away, but the daughter was not happy with the diagnosis and said that she did not believe it. We conducted an investigation following this incident; the Director of Nursing should have that documentation." During an interview on at 2:34 PM, when asked for documentation of the investigation on Resident #3's , the Administrator stated, "We wrote this as an incident, not a grievance because it was a skin issue like , etc. because it into an incident report, not a grievance." Class III	{A 030}		
A 031 SS=E	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of	A 031		

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A 031	Continued From page 31 services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the	A 031		

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A 031	Continued From page 32 attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that a third-party provider who provided hospice services had documentation of an updated plan of care available for review for two out of 20 sampled residents (Resident #19, #20). Findings include: A review of Resident #19's hospice file showed the most recent plan of care dated . . . . There was no documentation of a plan of care in the file for , . A review of Resident #20's hospice file showed the most recent plan of care dated . . . . There was no documentation of a plan of care in the file for , ... On . . . . at 1:33 PM, the Administrator acknowledged the residents needed an up-to-date plan of care in the file.	A 031		

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A 031	Continued From page 33 Class III	A 031		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section.	A 052		

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A 052	Continued From page 34 (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered	A 052		

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A 052	Continued From page 35 administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a	A 052		

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medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.
(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.
(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to follow the state's correct procedures when assisting with the self-administration of medication for two out of 20 sampled residents (Resident#14, #15).

Findings include:

On at 8:26 AM, observed Staff J push the tablets from the medication . . . . pack into a small clear cup. She walked to Resident #15,

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passed her the cup, and told her, "[Resident #15], I have eight pills for you." Staff J failed to inform the resident of what medication she was taking.

A review of Resident #15's record showed no written waiver that the resident opt out of being informed of the medication names and dosages.

A review of Resident #15's medication observation record (MOR) showed that the resident took 10 mg (used to treat high), 81 mg (used to reduce or), 100 mg (used to treat ,), 10 mg (used to treat high and to improve survival after a), and Myretriq 25 mg (used to treat overactive).

On at 8:39 AM, observed Staff J repeat the same to Resident #14. Again, Staff J did not inform the resident what medication she would take.

A review of Resident #14's record showed no written waiver that the resident opt out of being informed of the medication names and dosages.

A review of Resident #14's MOR review showed that the resident took 5 mg (used to treat high), 125 mg (used to treat underactive), 25 mg (used to treat and), 10 mg (used to treat associated with 's), 25 mg (used to treat high and), and 10 MG (used to treat overactive).

On at 1:35 PM, the Administrator

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A 052	Continued From page 38 acknowledged that Staff J did not follow the correct procedures. Class III	A 052		
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 39 (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 40	A 081		

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 Continued From page 41 A 081

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that staff completed a 2 hour preservice orientation before interacting with residents for one out of nine sampled staff (Staff B). The facility also failed to ensure that staff participated in required inservice training for three out of nine sampled staff (Administrator, Staff B, and Staff F).

Findings Included:

1) Review of Staff B's personnel record revealed a hire date of .

Further review of Staff B's personnel record revealed no documentation of a completed 2 hour pre-service orientation prior to interacting with residents.

During an interview on at 1:20PM Staff H acknowledged the 2 hour pre-service training was missing.

2) Review of The Administrator's personnel record revealed a hire date of .

Further review of The Administrator's personnel records revealed no documentation of training in control and Providing Assistance with activities of daily living and Behavioral Needs.

Review of Staff B's personnel record revealed a hire date of .

Review of Staff F's personnel record revealed a hire date of .

Further review of Staff B's and Staff F's personnel

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A 081	Continued From page 42 record revealed no documentation of training in Reporting Adverse Incidents. During an interview on at 1:22PM Staff H acknowledged that the training was missing. Staff H further stated "I will ask HR [Human Resources] about it." Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) / (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide the Human /Acquired (/) training within 30 days of employment for one out of nine sampled staff (Staff B). Findings included: Review of Staff B's personnel record revealed a hire date of . Further review of Staff B's personnel record	A 082		

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A 082	Continued From page 43 revealed no documentation of completed / training. During an interview on at 1:19PM Staff H stated "I don't see it there. I will ask HR [Human Resources] for it." Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide ( ) training within 30 days of employment for three out of nine sampled staff (Administrator, Staff B, and Staff F). Finding include: Review of the Administrator's personnel record revealed a hire date of .	A 090		

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A 090	Continued From page 44 Review of The Administrator's personnel record revealed no documentation of completed training. Review of Staff B's personnel record revealed a hire date of . Review of Staff B's personnel record revealed no documentation of completed training. Review of Staff F's personnel record revealed a hire date of . Review of Staff F's personnel record revealed no documentation of completed training. During an interview on at 1:24PM Staff H stated "I was told they all completed training. I will ask HR [Human Resources] about it." Class III	A 090		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for	A 093		

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A 093	Continued From page 45 review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus	A 093		

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A 093	Continued From page 46 must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based	A 093		

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A 093	Continued From page 47 on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to review all regular and therapeutic menu's to be used by the facility were reviewed annually by a licensed or registered dietitian. Findings included: Review of the facility's menu revealed a menu with a written date completed in pen. Further review revealed no documentation of the dietitian's credentials and date the menu was approved until. During an interview on at 1:25PM the Executive Chef (Staff I) stated that "The Dietitian is out of the country right now. I would say that the menu is the same one from last year, I don't think it gets changed." Class III	A 093		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall	A 161		

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A 161	Continued From page 48 maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed	A 161		

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A 161	Continued From page 49	A 161		

staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C.
(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that one out of nine sampled staff (Administrator) had a completed job application with references.

Findings included:

Review of The Administrator's personnel record revealed a hire date of .

Further review of The Administrator's personnel record revealed no documentation of a completed job application with references.

During an interview on at 1:18pm Staff H acknowledged the application was missing.

Class III

{A 162} SS=D	59A-36.015(3) FAC Records - Resident	{A 162}		

(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:
(a) Resident demographic data as follows:
1. Name,
2. . . . ,

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{A 162}	Continued From page 50 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer,	{A 162}		

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{A 162}	Continued From page 51	{A 162}		

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

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{A 162}	Continued From page 52 Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an accurate and updated health assessment for one out of 20 sampled residents after a significant change (Resident #5). The	{A 162}		

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{A 162}	Continued From page 53 facility also failed to provide documentation of a prescription for a therapeutic diet for one out of 20 sampled residents. (Resident #20). Findings include: 1) A review of Resident #5's hospice plan of care dated showed the resident received care daily for a . In an interview on at 11:08 AM, the hospice nurse stated, "[Resident #5] has a reopened in the and receives care. " A review of Resident #5's health assessment (AHCA Form 1823) dated showed no indication of the resident having any . On at 11:40 AM, when asked if Resident #5 had an updated health assessment, the Director of Nursing stated, "The health assessment for the resident is the most accurate one. She is on hospice." 2) A review of Resident #20's health assessment (AHCA Form 1823) dated showed the resident was under a puree/nectar special diet. A review of Resident #20's record showed no documentation of a doctor's order indicating a puree diet for the resident. On at 1:36 PM, the Administrator acknowledged that the resident's prescription for a puree diet was not in the file. Class III	{A 162}		

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A 165	Continued From page 54	A 165		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse	A 165		

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
	AL11910963	A. BUILDING: ______ B. WING ______	R 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAZEL CYPEN TOWER	5066 NORTHEAST 2ND AVENUE MIAMI, FL 33137

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A 165	Continued From page 55 incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a	A 165		

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A 165	Continued From page 56	A 165		

licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The agency may adopt rules necessary to administer this section.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to submit an adverse incident report within 1 and 15 business days after the occurrence of an adverse incident through the Agency's portal for one of 25 sampled residents, (Resident 4). Resident 4 had a mental distress, pulled a knife to staff, and was transported to a hospital by local authorities.

Findings included:

Review of Resident 4's notes on record showed that on , at approximately 6:45 PM, the nurse on shift was called to the residents room. Upon arrival the resident was standing in her doorway with a straight edge kitchen knife in her . The resident was asked why she had the knife and her response was that there are 3 strange black women at her door that were not invited in; then, the resident was then asked what were her intentions with the knife, and her response was "To stab you to protect myself." The resident family member was called but the resident still refused to put the knife down after speaking with the family member. The police was

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A 165	Continued From page 57	A 165		

then called. When the local authorities arrived, the resident was still brandishing the knife and was disarmed by one of the officers. In the interim, supervisor on shift, risk management and director of the facility were called. After the director spoke with the doctor on call, the nurse was advised that the resident must be transported to [local hospital] at the behavioral unit. [Officer] was advised by the director, and arrangements were made for transportation, with an estimated time of 30 minutes or less. The family member followed the transportation to the hospital, and the administrator and director of nursing were aware.

Review of the facility's adverse incidents reported to the agency, showed that the incident for Resident 4 on was not reported.

On , , at 12:16 PM, Staff B, the Director of Nursing stated, "Any . . and [Transportation by local authorities], we have to report."

On , , at 2:50 PM, the Administrator stated, "We did not report it because we did not think it had criteria for an adverse report."

Class III