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
	AL11968474	A. BUILDING: _____ B. WING _____	06/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONTE VILLAGE OF LAKE MARY-CORDOVA	1001 ROYAL GARDENS CIR LAKE MARY, FL 32746

(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
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

AHCA Form 3020-0001

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

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to electronically submit to the agency, a preliminary report within 1 business day and a full report within 15 days of 3 of 6 sampled residents being sent to the hospital following with injuries (#11, #13, #14). Findings: Review of resident #11's record revealed a facility admission date of . Her medical history included . An 1823 health assessment form indicated she required safety precautions. A 1823 indicated she had an unsteady gait and balance, , she was alert and oriented only to person, she was independent with ambulation, required supervision with transferring and assistance with bathing, , grooming and toileting. On at 11:29 am her family member called staff to her room. She was observed on the bathroom floor and complained of low , . 911 was called and she was transported to a hospital. She returned to the facility at 4:02 pm. A facility incident report of the event indicated that her family member was present when she and	CZ821		

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CZ821	Continued From page 4 that beads from a broken necklace may have caused her to trip. The report did not have post-[illegible] interventions. On [illegible] at 2:36 pm she was having increased behaviors, pacing the hallways, up at night and resistive to care. A health care provider noted her [illegible] was low. On [illegible] at 11:37 am a trending loss of her [illegible] was noted, and a health care provider was notified. On [illegible] at 3:22 pm she had [illegible]. A [illegible] was called. On [illegible] at 3:04 pm when staff walked into the dining room, she was observed laying on the floor on her left side. She said, "I [illegible], I'm in [illegible], leave me alone". She was unable to give a description of what happened. She yelled out in [illegible] when a nurse tried to assess her. 911 was called and she was taken to a hospital. She was diagnosed with a right [illegible]. An incident report of the event contributed the [illegible] to shoes, clothing, [illegible] mental status, [illegible] safety judgement, unaware of safety limits and [illegible] cognition. The follow-up and prevention indicated "none". A [illegible] and [illegible] health care provider note all indicated that she had an unsteady gait. The facility's undated policy did not contain any prevention procedures. On [illegible] at 12:30 pm, the memory care administrator said a preliminary report and a full report of the resident's [illegible] in the dining room	CZ821		

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CZ821	Continued From page 5	CZ821		

were not submitted to the agency because there was nothing the facility could have done to prevent it because the resident tripped over her own . She said the resident was not receptive to , and she typically walked very well. She said when the resident in her bathroom, her family member was present. She said when the necklace the resident was playing with broke, she slipped on the beads. She said other than making sure the resident had on proper shoes and clothes, there were no other interventions the facility could implement.

On at 9:30 PM, a facility "resident incident report" was completed by the Memory Care Director of Resident Care (MCDRC) for resident #13's incident that had occurred on (two days prior).

Resident #13's record review revealed admission date . The last 1823 Health Assessment dated listing medical history of , and . He needs assistance with activities of daily living (ADLs) with bathing , and transferring. Supervision with ambulation, grooming, eating and toileting. He needs assistance with self-administration of medications. In further review, resident #13 was admitted on Hospice care on .

A facility note dated at 9:30 PM by the Memory Care Director of Resident Care (MCDORC) documented that resident #13 was observed sitting on his bedroom floor ( ) next to the bed. Resident #13 stated he was not sure what happened. A small was on his left

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CZ821	Continued From page 6 and complained of , on the side near the abdomen. The family and Hospice nurse were notified. The hospice nurse came to evaluate him and sent him out to hospital. A facility note dated at 10:04 AM by the MCDORC documented received a telephone call from the daughter in law who confirmed that resident #13 had a left (Photographic Evidence Obtained) There was no documented evidence that a preliminary 1-day report was electronically submitted to the agency. On at 2:30 PM, an interview with the Memory Care Director of Resident Care and Memory Care-Sienna Administrator confirmed the findings. A facility note on at 4:30pm read, "Staff heard resident #14 yelling for help, resident was found on the floor lying on her beside her walker next to the kitchen table. on left side of from , to , resident states she lost her balance and . Staff applied pressure to and 911 called. Resident went to hospital". A facility note on at 5:06pm read, "- on at 1630 resident was heard calling for help, staff found her on the floor. Resident states she was trying to go to the bathroom and . 911 was called and resident was sent to hospital for evaluation. Spoke with grandson today who states resident is having surgery today for ,".	CZ821		

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CZ821	Continued From page 7 On [redacted] at 3:18pm - The administrator stated, I had the conversation with the family which is why we moved her to memory care, and it didn't work. The Administrator stated she had nothing to add, nor did she submit an adverse incident. I see the trend in the conversations that I need to be educated. I reviewed the adverse incident information and made the decision to not submit. Unclassified	CZ821		
A 000	Initial Comments A re-licensure survey and generator monitoring was conducted on [redacted] at Oakmonte Village of Lake Mary-Cordova. The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or	A 025		

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A 025	Continued From page 8 is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the	A 025		

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A 025	Continued From page 9 facility failed to provide care and services appropriate to meet the needs of residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for [redacted] and injuries for 3 of 6 sampled residents (#11, #13, #14). Findings: Review of resident #11's record revealed a facility admission date of [redacted]. Her medical history included [redacted]. An [redacted] 1823 health assessment form indicated she required safety precautions. A [redacted] 1823 indicated she had an unsteady gait and balance, [redacted], she was alert and oriented only to person, she was independent with ambulation, required supervision with transferring and assistance with bathing, [redacted], grooming and toileting. On [redacted] at 11:29 am her family member called staff to her room. She was observed on the bathroom floor and complained of low [redacted]. 911 was called and she was transported to a hospital. She returned to the facility at 4:02 pm. A facility incident report of the event indicated that her family member was present when she [redacted] and that beads from a broken necklace may have caused her to trip. The report did not have post- [redacted] interventions. On [redacted] at 2:36 pm she was having increased behaviors, pacing the hallways, up at night and resistive to care. A health care provider noted her [redacted] was low. On [redacted] at 11:37 am a trending loss of her [redacted] was noted and a health care provider was notified.	A 025		

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A 025	Continued From page 10 On . . . . . at 3:22 pm she had . . . . A . . . was called. On at 3:04 pm when staff walked into the dining room, she was observed laying on the floor on her left side. She said "I , I'm in , , leave me alone". She was unable to give a description of what happened. She yelled out in , when a nurse tried to assess her. 911 was called and she was taken to a hospital. She was diagnosed with a right . . . . An incident report of the event contributed the to shoes, clothing, , . . . mental status, , . . . safety judgement, unaware of safety limits and , cognition. The follow-up and prevention indicated "none". A , , , , , and health care provider note all indicated that she had an unsteady gait. The facility's undated policy did not contain any . prevention procedures. On . . . . . at 12:30 pm, the memory care administrator said that when the resident in the dining room, there was nothing the facility could have done to prevent it because the resident tripped over her own . . . . She said the resident was not receptive to , , and she typically walked very well. She said when the resident in her bathroom, her family member was present. She said when the necklace the resident was playing with broke, she slipped on the beads. She said other than making sure the resident had on proper shoes and clothes, there were no other interventions the facility could implement. On at 1:55 pm, the resident's family	A 025		

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A 025	Continued From page 11 member said that he was in the facility when the resident in her bathroom but, he had stepped away from her room. He too believed the resident on the necklace beads. Resident #13's record review revealed an admission date of . The last 1823 Health Assessment dated listing medical history of , , , , , and . He needs assistance with activities of daily living (ADLs) with bathing , and transferring. Supervision with ambulation, grooming, eating and toileting. He needs assistance with self-administration of medications. In further review, resident #13 was admitted on Hospice care on . A facility note dated at 9:30 PM by the Memory Care Director of Resident Care (MCDORC) documented that resident #13 was observed sitting on his bedroom floor ( ) next to the bed. Resident #13 stated he was not sure what happened. A small was on his left and complained of , on the side near the abdomen. The family and Hospice nurse was notified. The hospice nurse came to evaluate him and sent him out to the hospital. A facility note dated at 10:04 AM by the MCDORC documented received a telephone call from the daughter in law who confirmed that resident #13 had a left . There was no evidence documented provided by the facility about resident 13's left . On at 9:30 PM, a facility "resident incident report "was completed by the Memory	A 025		

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A 025	Continued From page 12 Care Director of Resident Care (MCDRC) for resident #13's event that occurred on (two days prior). (Photographic Evidence Obtained) On at 2:30 PM, an interview with the Memory Care Director of Resident Care and Memory Care-Sienna Administrator confirmed the findings. A record review for resident #14 revealed a facility's admission date of . A health assessment form (1823) indicated a history of , generalized , and was not identified as a risk. A facility note on at 2:26pm read, "resident had a last evening, stated that her shoes made her . Has small to left ". A facility note on at 11:40 am read, "Staff reported last evening resident was found on the floor in her kitchen, stated she was trying to pick up something on the floor and landing on her . Staff was able to get resident to her chair, resident did state her was . Hospice and family made aware of incident". A facility note on at 1:15pm read, "Resident was going to sit in chair and missed it and to the floor". A facility note on at 4:30pm read, "Staff heard resident yelling for help, resident was found on the floor lying on her beside her walker next to the kitchen table. on left side of from , to , resident states she lost her balance and , 911 called and Resident	A 025		

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A 025	Continued From page 13 went to hospital". A facility note on [redacted] at 11:29am read, "Resident appears very weak and sluggish to respond, states she feels as if she is going to faint". A facility note on [redacted] at 12:03pm read, "Resident c/o significant [redacted] to her left side. "It started a few days ago, I think I had another [redacted]. I have had 3 so far and it feels like it did in the past". A facility note on [redacted] at 5:59pm read, "On [redacted] at 9:20pm received a call from Med Tech stated found resident sitting on floor in front of her chair. Stated walker rolled away from her as she went to sit down". A facility note on [redacted] at 5:06pm read, "On [redacted] at 1630 resident was heard calling for help, staff found her on the floor. Resident states she was trying to go to the bathroom and [redacted] 911 was called and resident was sent to hospital for evaluation. Spoke with grandson today who states resident is having surgery today for [redacted]". On [redacted] at 3:18pm - The administrator stated, I had the conversation with the family which is why we moved her to memory care, and it didn't work. The Administrator stated she had nothing to add, nor did she submit an adverse incident. I see the trend in the conversations that I need to be educated. I reviewed the adverse incident information and made the decision to not submit. There was no documentation the facility assessed the resident for generalized	A 025		

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A 025	Continued From page 14 and the resident having a history of . . . Also, there was no documentation of measures put in place due to the resident having a history of . . . Class II	A 025		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055		

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A 055	Continued From page 15 other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise	A 055		

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A 055	Continued From page 16 prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, record review, and interview the facility failed to ensure 1 of 6 residents received assistance with self-administration (#15). Findings: Review of resident #15's 1823 revealed he required assistance with self-administration of medications. On at 11:54 am - During the observation of a med pass for Resident #15. There were over the counter (OTC) medications unsecured in the resident's room. On at 11:58 am - The Administrator stated the resident does not self-administer his medication and immediately removed from the room. The medications identified are Reliving Gel Homeopathic Medicine, Intensive	A 055		

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A 055	Continued From page 17 Skin , , Calazime Paste, and Zeasorb AF Jock Itch. On at 1:9 - The Director of Nursing stated the doctor was contacted to get an order for all the medications found in the resident's room. The medication for the Gel was questioned as the prescription label did not reflect the information of resident #15. On at 1:3 - The Administrator stated, "the medication belongs to the resident's sister, and she brought it to him". She has another order at home, and she will bring to him. The administrator then asked, "Can we just change the label". On at 1:5- The Resident was interviewed regarding the Gel. The resident stated he's used the Gel for the past few days due to it raining. I have in my . The resident stated his daughter brought it to him. Class III	A 055		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must	A 084		

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A 084	Continued From page 18 meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires	A 084		

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A 084	Continued From page 19 judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the , or manipulation of the site; and, n. Measurement of rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education	A 084		

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A 084	Continued From page 20 training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff (B) completed the 2 hours continued education training annually in providing assistance with self-administration of medications and safe medication practices in an assisted living facility. Findings: Med Tech B's personnel record revealed a hire date of ..... She completed her 6 hours initial medication training on . There was no documented evidence that the annual 2 hours medication update training was completed.	A 084		

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A 084	Continued From page 21 On at 3:41 PM, an interview with Med Tech B who confirmed that she did not complete the annual 2 hours medication training but will complete it next week. On at 3:50 PM, an interview with the Administrator confirmed the findings. Class III	A 084		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must	A 093		

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A 093	Continued From page 22	A 093		

serve the standard minimum portions of food according to the Dietary Reference Intakes.
(c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable

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A 093	Continued From page 23 residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of . . . . . the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . . . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility	A 093		

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A 093	Continued From page 24 failed to maintain sufficient emergency water required for drinking and food preparation stored onsite. Findings: Observation on . . . . . at 11:30 AM, the facility storage room located in the Bella Lane Memory Care did not have enough emergency water onsite and in the facility. Census 136 residents x 1 gallon per person=136 x 3 days=408 gallons required should be onsite available for an emergency. There were only 2 cases of 16.9 fluid ounce bottled waters totaling 4 gallons observed. The facility was short 404 gallons. There was no other emergency water stored in the facility. On . . . . . at 11:35 AM, an interview with the Assisted Living Facility Food Manager confirmed the finding. On . . . . . at 11:55 AM, an interview with the Administrator confirmed the finding and stated that she ordered the water from their vendor, and it would be delivered tomorrow . Class III	A 093		