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
	AL11969402	A. BUILDING: _____ B. WING _____	08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLESSING TIME ALF, INC	11461 SW 214 ST MIAMI, FL 33189

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint investigation (complaint number 2023011708) was conducted at Blessing Time ALF, Inc on & . Deficiencies were identified at the time of the 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 (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 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,	A 010		

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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 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure the appropriateness of continued residency for one out of seven (Resident #2) sampled residents. Resident # 2 had a history of elopement and physically assaulted another resident. Findings Include: On . . . . . at 12:48 PM, the Administrator stated Resident #2 returned from the hospital and got into an altercation with Resident #1. She contacted the police and fire rescue. The police transferred Resident #2 to the hospital. Resident #1 complained of , , and she was transferred via ambulance to the hospital the same day. On at 10:25 AM, Staff C stated that Resident #2 had an altercation with Resident #1. The facility's administrator separated the altercation between the residents as she was in the facility at that time, she then contacted the police. Resident #2 left the facility before the police arrived, and the police found her immediately. On . . . . . at 3:41 PM, Resident #2's Registered Nurse stated the resident had been . . . . . and . . . . , ... a few months ago and had been admitted to the hospital under emergency hospitalization several times. He knew that the resident had left the facility and was found by the police. A review of an internal incident report dated revealed Resident #2 verbally and	A 010		

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A 010	Continued From page 5 physically . . . . . Resident #1. Caregiver was able to calm her and checked her down for apparent injuries. The administrator called the police and 911. Resident #1 complained of , . . . and was transferred to the hospital. The police transferred Resident #2 to the hospital because she was agitated A review of Resident # 2's hospital records dated revealed the resident was admitted to a local hospital under emergency hospitalization after she broke a window at the facility. The resident was readmitted to the facility on . There was no documented intervention after the incident. A review of Resident # 2's hospital records dated revealed the resident was admitted to a local hospital under emergency hospitalization with bizarre behavior, , , ... , having visual and . . . . . , ... , poor impulse control and was not following directions. The resident was readmitted to the facility on A review of Resident # 2's hospital records dated revealed the resident was admitted to a local hospital under emergency hospitalization after being found by police acting . . . . . disorganize, and running in and out of traffic. The resident stated she was a rapist and needed to go to prison for non-compliance of medications. The resident was admitted under emergency hospitalization at the hospital for evaluation and treatment. The resident was readmitted to the facility on . A review of Resident # 2's hospital records dated revealed the resident was admitted to a local hospital under emergency hospitalization	A 010		

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A 010	Continued From page 6 for [redacted], and [redacted]. The record revealed "patient wanted to walk into traffic to end her life. Reports paranoia that she is tortured at her assisted living facility and that they starve her." A review of Resident #2's record revealed she was admitted on [redacted]. The health assessment done on [redacted] showed the resident was diagnosed with [redacted], and history of [redacted]. The physician indicated the resident was independent with eating, needed supervision with ambulation, grooming, toileting and transferring and needed assistance with bathing and [redacted]. A review of Resident #2's progress notes revealed that on [redacted] the resident was transferred to the hospital because she was upset. The resident was discharged from the hospital on [redacted]. The resident was transferred to the hospital because she was [redacted] and refused to sleep on [redacted]. The resident returned to the facility upset on [redacted]. The resident left the facility, was found by the police and transferred to the hospital on [redacted]. The resident physically assaulted another resident on [redacted]. She pushed and threw a cup of water at the resident. The administrator contacted the police. Class II	A 010		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 7 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 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;	A 030		

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A 030	Continued From page 8 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone 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	A 030		

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A 030	Continued From page 9 facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (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	A 030		

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A 030	Continued From page 10 the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . , , ... for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for 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	A 030		

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A 030	Continued From page 11 of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of	A 030		

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A 030	Continued From page 12 residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide a safe and decent living environment, free from . . . . . and neglect for one out of seven (Resident #1) sampled residents. Findings Include: On at 10:25 AM, Staff C stated that Resident #2 had an altercation with Resident #1. The facility's administrator separated the altercation between the residents as she was in the facility at that time, she then contacted the police. Resident #2 left the facility before the police arrived, and the police found her immediately. On at 12:48 PM, the Administrator stated Resident #2 returned from the hospital and	A 030		

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A 030	Continued From page 13	A 030		

got into an altercation with Resident #1. She contacted the police and fire rescue. The police transferred Resident #2 to the hospital. Resident #1 complained of , , and she was transferred via ambulance to the hospital the same day.

A review of an internal incident report dated revealed Resident #2 verbally and physically Resident #1. Caregiver was able to calm her down and checked her for apparent injuries. The administrator called the police and 911. Resident #1 complained of , and was transferred to the hospital. The police transferred Resident #2 to the hospital because was agitated.

A review of Resident #1's record revealed she was admitted on . The health assessment done on showed the resident was diagnosed with , , and . The resident was independent with all Activities of Daily Living (ADL).

A review of Resident #1's progress notes revealed that another resident pushed and hit on her on . The resident was transferred to the hospital.

A review of Resident #1's hospital records dated showed the resident the resident down on her after another resident assaulted her. The resident had lower , . had lower , . The resident returned to the facility on .

A review of Resident #2's record revealed she

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	AL11969402	A. BUILDING: _____ B. WING _____	08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLESSING TIME ALF, INC	11461 SW 214 ST MIAMI, FL 33189

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A 030	Continued From page 14 was admitted on . . . . The health assessment done on showed the resident was diagnosed with . . . . . , and history of . The physician indicated the resident was independent with eating, needed supervision with ambulation, grooming, toileting and transferring and needed assistance with bathing and . A review of Resident #2's progress notes revealed that on . . . . . the resident physically assaulted another resident. She pushed and threw a cup of water at the resident. The administrator contacted the police. A review of Resident #2's hospital records dated . . . . . showed the resident was admitted to a local hospital under emergency hospitalization after being found by police acting . . . . . disorganize and running in and out of traffic. The resident stated she was a rapist and needed to go to prison for non-compliance of medications. The resident was discharged to the facility on . Class III	A 030		
A 032 SS=G	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support	A 032		

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A 032	Continued From page 15 and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises,	A 032		

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A 032	Continued From page 16 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to follow its policy and procedures regarding elopement for two out of seven (Resident #1 and #2) sampled residents. Resident #1 eloped from the facility and was found by the police walking into the moving traffic. Resident #2 eloped from the facility was found by the police running in and out of the traffic. Findings included: 1) Review of the facility's elopement policy and procedures showed, "When consumers place their loved ones in [the facility] it is with the expectation that both quality of care and a safe environment will be provided. Elopement is referred to as an unauthorized absence of a resident from the facility. The risk of [illegible] and elopement increases when residents are mobile and [illegible], especially if they suffer from [illegible] or [illegible]'s [illegible]. An elopement can led to possible danger and should be taken seriously! Policy & Procedures:	A 032		

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A 032	Continued From page 17 Standard - A safe environment is provided at for residents who are at risk to . Policy: As part of admission assessment, all newly admitted Resident's clinical status will be assessed by the facility administrator to determine their risk for ,, using the ,, risk scale form. A - Reassessed as follows: i - prior to or on admission. ii whenever there is a change in Resident's clinical status. 2 - Residents who are identified at risk to and high risk to must have an individualized plan of care. If the resident is identified as high risk to , the following action must be taken: Initiate interdisciplinary care plan." On at 10:25 AM, Staff C stated Resident #1 was sitting on the patio area with other residents. She jumped the side gate of the house and walked out the facility. The residents that were in the patio area with her, told me that she resident escaped. I told the administrator that was working with me at the facility, and she looked for her on the street. The police were driving and found her immediately. Resident #2 had an altercation with Resident #1. The facility's administrator separated the altercation between the residents as she was in the facility at that time, she then contacted the police. Resident #2 left the facility before the police arrived, and the police found her immediately. On at 12:55 PM, the Administrator stated Resident #2 was no longer living at the facility. They replaced the gates on both sides of the house with a 6- fence and it is now locked and only staff have access to the gates. On at 3:41 PM, Resident #2's Registered Nurse stated the resident had been and , a few months ago	A 032		

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A 032	Continued From page 18 and had been admitted to the hospital under emergency hospitalization several times. He knew that the resident had left the facility and was found by the police. A review of Resident #2's hospital records dated [redacted] showed the resident was admitted to a local hospital under emergency hospitalization after being found by police acting [redacted] disorganize and running in and out of traffic. The resident stated she was a rapist and needed to go to prison for non-compliance of medications. The resident was discharged to the facility on [redacted]. A review of Resident #2's record revealed she was admitted on [redacted]. The health assessment done on [redacted] showed the resident was diagnosed with [redacted], and history of [redacted]. The resident was independent with eating, needed supervision with ambulation, grooming, toileting and transferring and needed assistance with bathing and [redacted]. The resident was also identified as not being an elopement risk. The record did not have documentation that the resident was reassessed after been readmitted to the facility. A review of Resident#2's progress notes showed the resident left the facility and the police found her on [redacted]. The police transferred the resident to the hospital. The resident was readmitted to the facility on [redacted]. 2) A review of an internal incident report dated [redacted] revealed Resident #1 was on the patio with a caregiver and three other residents.	A 032		

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A 032	Continued From page 19	A 032		

The staff went inside the facility, and resident #1 jumped a small fence and went outside of the property to the street. The resident walked on the street for about a half of a . The resident was intercepted by a police officer that asked her where she was going. The police transferred the resident to the hospital because was agitated.

A review of Resident #1's hospital records dated revealed the resident was found by the police and was admitted to a local hospital under emergency hospitalization. The resident jumped over a fence at the facility and walked into the moving traffic. The resident believed she was abducted.

A review of Resident #1's record revealed she was admitted on . The health assessment done on showed the resident was diagnosed with , , and . The resident was independent with all Activities of Daily Living (ADL). The resident was also identified as not being an elopement risk. The record did not have documentation that the resident had been reassessed and that the facility provided an identification after the incident.

A review of Resident #1's progress notes revealed the resident left the facility walking by the side of the house and jumping the fence. The resident walked in the street and was found by the police on . The police transferred the resident to the hospital because she was agitated. The resident was readmitted to the facility on .

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A 032	Continued From page 20 Class II	A 032		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 21 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain a medication observation record (MOR) for one out of seven (Resident #2) sampled residents. Findings included: A review of Resident #2's medication observation records showed the facility did not maintain a record for , . On at 1:45 PM, the Administrator stated that she assisted Resident #2 with her medication. She said she had Resident #2's medication observation record for , but she was unable to provide the documentation during the survey. Class III	A 054		
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 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;	A 084		

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A 084	Continued From page 22 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 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;	A 084		

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A 084	Continued From page 23 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 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	A 084		

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A 084	Continued From page 24 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 interview and record review, the facility failed to provide documentation of two hours of required continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for one out of three (Staff C) sampled staff. Findings included: A review of Staff A's record showed that the last six hours of medication training were dated [redacted]. On [redacted] at 1:45 PM, the Administrator stated she received the two hours medication training, but she was unable to provide the documentation during the survey. Class III	A 084		

Agency for Health Care Administration

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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 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	A 161		

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A 161	Continued From page 26 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 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 interview and record review, the facility failed to maintain documentation of background screening for one out of three (Staff B) sampled staff. Findings included: A review of the background screening database revealed that Staff B had an eligible level II background screening dated . . . . . . A review of Staff B's personnel file revealed no documentation of an eligible level II background screening. On . . . . . at 1:45 PM, the Administrator acknowledged there was no documentation of an eligible background screening in Staff B's file. Class III	A 161		

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A 162	Continued From page 27	A 162		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 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 [illegible], 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 resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], 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)(f), F.A.C. (f) A [illegible] 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 [illegible] recorded	A 162		

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	AL11969402	A. BUILDING: _____ B. WING _____	08/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLESSING TIME ALF, INC	11461 SW 214 ST MIAMI, FL 33189

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 162	Continued From page 28	A 162		

semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken.
(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, 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 [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible], [illegible] ([illegible]), CF-ES 1006, [illegible], 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

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A 162	Continued From page 29 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 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 a log listing the names of residents participating in this arrangement. (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 have a completed health assessment for three out of seven (Resident #2, #3 and #5) sampled residents. The facility failed to provide a	A 162		

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A 162	Continued From page 30 Power of Attorney (POA) document for one out of seven (Resident #5) sampled residents. Findings included: A review of Resident #2's record revealed the resident was admitted on . . . . The health assessment dated showed the physician did not indicate the type of assistance the resident needed with medication. A review of Resident #3's record showed the resident was admitted on . . . . The health assessment dated showed the physician did not indicate if the resident was under elopement risk. And if needed special precautions. A review of Resident #5's record showed the resident was admitted on . The contract was signed by resident's brother on . There was no documentation of a Power of Attorney in the record. The health assessment dated showed the physician did not indicate if the resident was under elopement risk. And if needed special precautions. On . . . . . at 1:45 PM, the Administrator confirmed that the health assessments of Resident #2, #3 and #5 were incomplete, and the facility did not have a Power of Attorney for Resident #5. Class III	A 162		
AL243 SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training	AL243		

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AL243	Continued From page 31 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S.,	AL243		

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AL243	Continued From page 32 and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by:	AL243		

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AL243	Continued From page 33 Based on interview and record review, the facility failed to have documentation of at least three hours training of Limited Mental Health continuing education for one out of three (Staff C) sampled staff. Findings included: A review of the facility's license revealed a standard license with a limited mental health specialty component. A review of Staff C's personnel record showed no documentation of having completed at least three hours of training of Limited Mental Health continuing education. Staff C last training was dated . . . . . On . . . . . at 1:45 PM, the Administrator acknowledged that Staff C did not have the three hours training of Limited Mental Health continuing education. Class III	AL243		