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
	AL11910987	A. BUILDING: _____ B. WING _____	07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGGIE'S RETIREMENT HOME	7930 SW 11 STREET MIAMI, FL 33144

(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 biennial re-licensure survey, with a limited mental health component, was conducted at Maggie's Retirement Home on . Deficiencies were identified at the time of the survey.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on	A 004		

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A 004	Continued From page 1 contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a current copy of the annual fire safety inspection. Findings: A review of the facility records showed an annual fire safety inspection that had expired . . . . . . Interviewed on at 3:15 PM, concerning the expired fire inspection, the	A 004		

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A 004	Continued From page 2 Administrator stated she was aware the fire inspection on file had expired. Class III	A 004		
A 052 SS=E	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's . . or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying . , medications. (e) Returning the medication container to proper storage.	A 052		

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A 052	Continued From page 3 (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.	A 052		

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A 052	Continued From page 4 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	A 052		

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A 052	Continued From page 5 enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure unlicensed staff providing assistance with self-administration of medication follow the correct procedures for one out of four (Staff C) sampled staff. Findings:	A 052		

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A 052	Continued From page 6 Observation on [redacted] at 7:24 AM, showed Staff C (caregiver) provided assistance with self-administration of medication for Resident #5. Staff C (caregiver) removed the medication, [redacted] 650 mg, [redacted] 100mg, [redacted] MES 1 mg, [redacted] 5 mg, Carbi/Levo 25 mg, and [redacted] 10mg from packages, put them a small cup, handed the cup to the Resident #5, and the resident took the medications. Staff C did not inform the resident of the name and dosage of the medications. A review of Resident #5's records found documentation the resident had a signed waiver and opt out of being orally advised of the medication's name and dosage. Observation on [redacted] at 7:36 AM showed Staff C (Caregiver) provide assistance with self-administrator for Resident #9. Staff C removed the medications, [redacted] 650 MG and [redacted] 400 MG, from the [redacted] packages, put the medications into her gloved [redacted], picked up each medication, and placed them into a small cup and gave them to the resident. Staff C (Caregiver) touch the medication and did not inform Resident #9 of the medication name and dosage. A review of Resident #9's records found documentation the resident had a signed waiver and opt out of being orally advised of the medication's name and dosage. Class III	A 052		

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A 078	Continued From page 7	A 078		
A 078 SS=E	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078		

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A 078	Continued From page 8 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the failed to ensure staff were qualified to perform their assigned duties consistent with the level of education, training, preparation, and experience for three out of five (Staff C, E, & G) sampled staff. The facility failed to ensure staff had documentation of having a negative . . . . . examination on annual basis for one out of five (Staff B) sampled staff. 1}	A 078		

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A 078	Continued From page 9 Interviewed on at 12:57 PM when asked, when would a resident need ( ), Staff C (caregiver) stated, "If they are and they have difficulty breathing and speaking, I will do ". Interviewed on at 2:35 PM when asked what was a ('s), Staff E (Caregiver) stated, "Everyone on hospice had one ( ). A review of Resident #1's record showed a signed in file dated . Interviewed on at 2:02 PM, when asked if she was trained in , , ( ), Staff G (caregiver) said, "Yes." When asked when would a resident need and what she would do? Staff G (Caregiver) stated, "if the person had no vital signs and I would call 911". A review of Staff C's (Caregiver) personnel records showed a training dated on . A review of Staff E's (Caregiver) personnel records showed a training dated . Interviewed on at 3:15 PM the Administrator stated that all the employees took the class at the facility and that she sat in on the class and could not understand why the staff did not know what and was. According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2	A 078		

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A 078	Continued From page 10 -to-breaths." According to Florida Health, " is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the event of , , or ." 2) A review of Staff B personnel record found an expired annual examination dated Interviewed on at 3:15 PM regarding the staff annual examination, the Administrator stated Staff B was not always at the facility. Class III	A 078		
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:	A 152		

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A 152	Continued From page 11 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [redacted] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [redacted] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [redacted]. This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain free of hazards and ensure that all existing architentural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order. Findings: Observation on [redacted] at 6:44 AM showed the ceiling of one of the bathrooms in section A with white paint peeled away from ceiling. Observation showed a 12" X 5" size hole in the drywall near the rear exit door of the common area. Photographic evidence obtained. Observation on [redacted] at 6:48 AM, outside in	A 152		

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A 152	Continued From page 12 the patio area, accessible to residents, old worn out furniture; recliners, cabinets, paint buckets, stove boxes, and trash bags stacked up. Photographic evidence obtained. Interviewed on at 3:15 PM, concerning the physical plant, the Administrator stated that she was getting ready to throw the items away. Class III	A 152		
A 182 SS=E	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff must be trained in their duties and are responsible for implementing the emergency management plan for two out of four (Staff C & H) sampled staff. Staff on duty did not know how to start the generator. Findings: Observation on at 6:45 AM, when asked to start the generator, Staff C (caregiver) attempted to start the generator inside the facility and the agency representative stopped her. Staff	A 182		

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A 182	Continued From page 13 C then roll the generator outside, but did not know how to operate the generator. Observation on /20203 at 6:48 AM when asked to start the generator, Staff H (caregiver) walked up to the generator, and stated, "I don't know." Interviewed on . . . . . at 3:15 PM the Administrator stated that the staff knows how to start the generator. The Administrator stated that at the beginning of the hurricane season she trained the staff on how to start the generator. Class II	A 182		

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A 000	Initial Comments A biennial re-licensure survey, with a limited mental health component, was conducted at Maggie's Retirement Home on . Deficiencies were identified at the time of the survey.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on	A 004		

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	AL11910987	A. BUILDING: _____ B. WING _____	07/31/2023

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A 004	Continued From page 1 contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain a current copy of the annual fire safety inspection. Findings: A review of the facility records showed an annual fire safety inspection that had expired . . . . . . Interviewed on at 3:15 PM, concerning the expired fire inspection, the	A 004		

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A 004	Continued From page 2 Administrator stated she was aware the fire inspection on file had expired. Class III	A 004		
A 052 SS=E	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an . . syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's . . or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying . , medications. (e) Returning the medication container to proper storage.	A 052		

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A 052	Continued From page 3 (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.	A 052		

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A 052	Continued From page 4 (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to	A 052		

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A 052	Continued From page 5 enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to ensure unlicensed staff providing assistance with self-administration of medication follow the correct procedures for one out of four (Staff C) sampled staff. Findings:	A 052		

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A 052	Continued From page 6 Observation on [redacted] at 7:24 AM, showed Staff C (caregiver) provided assistance with self-administration of medication for Resident #5. Staff C (caregiver) removed the medication, [redacted] 650 mg, [redacted] 100mg, [redacted] MES 1 mg, [redacted] 5 mg, Carbi/Levo 25 mg, and [redacted] 10mg from packages, put them a small cup, handed the cup to the Resident #5, and the resident took the medications. Staff C did not inform the resident of the name and dosage of the medications. A review of Resident #5's records found documentation the resident had a signed waiver and opt out of being orally advised of the medication's name and dosage. Observation on [redacted] at 7:36 AM showed Staff C (Caregiver) provide assistance with self-administrator for Resident #9. Staff C removed the medications, [redacted] 650 MG and [redacted] 400 MG, from the [redacted] packages, put the medications into her gloved [redacted], picked up each medication, and placed them into a small cup and gave them to the resident. Staff C (Caregiver) touch the medication and did not inform Resident #9 of the medication name and dosage. A review of Resident #9's records found documentation the resident had a signed waiver and opt out of being orally advised of the medication's name and dosage. Class III	A 052		

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A 078	Continued From page 7	A 078		
A 078 SS=E	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their	A 078		

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A 078	Continued From page 8 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the failed to ensure staff were qualified to perform their assigned duties consistent with the level of education, training, preparation, and experience for three out of five (Staff C, E, & G) sampled staff. The facility failed to ensure staff had documentation of having a negative . . . . . examination on annual basis for one out of five (Staff B) sampled staff. 1}	A 078		

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A 078	Continued From page 9 Interviewed on at 12:57 PM when asked, when would a resident need ( ), Staff C (caregiver) stated, "If they are and they have difficulty breathing and speaking, I will do ". Interviewed on at 2:35 PM when asked what was a ('s), Staff E (Caregiver) stated, "Everyone on hospice had one ( ). A review of Resident #1's record showed a signed in file dated . Interviewed on at 2:02 PM, when asked if she was trained in , , ( ), Staff G (caregiver) said, "Yes." When asked when would a resident need and what she would do? Staff G (Caregiver) stated, "if the person had no vital signs and I would call 911". A review of Staff C's (Caregiver) personnel records showed a training dated on . A review of Staff E's (Caregiver) personnel records showed a training dated . Interviewed on at 3:15 PM the Administrator stated that all the employees took the class at the facility and that she sat in on the class and could not understand why the staff did not know what and was. According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2	A 078		

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A 078	Continued From page 10 . . , ... -to-breaths." According to Florida Health, " . . . . . is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the event of . . , . . , or . . . . . ." 2) A review of Staff B personnel record found an expired annual . examination dated . . . . . . Interviewed on . . . . . at 3:15 PM regarding the staff annual examination, the Administrator stated Staff B was not always at the facility. Class III	A 078		
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:	A 152		

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A 152	Continued From page 11 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, . . . or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain free of hazards and ensure that all existing architentural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order. Findings: Observation on . . . . . at 6:44 AM showed the ceiling of one of the bathrooms in section A with white paint peeled away from ceiling. Observation showed a 12" X 5" size hole in the drywall near the rear exit door of the common area. Photographic evidence obtained. Observation on at 6:48 AM, outside in	A 152		

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A 152	Continued From page 12 the patio area, accessible to residents, old worn out furniture; recliners, cabinets, paint buckets, stove boxes, and trash bags stacked up. Photographic evidence obtained. Interviewed on at 3:15 PM, concerning the physical plant, the Administrator stated that she was getting ready to throw the items away. Class III	A 152		
A 182 SS=E	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff must be trained in their duties and are responsible for implementing the emergency management plan for two out of four (Staff C & H) sampled staff. Staff on duty did not know how to start the generator. Findings: Observation on at 6:45 AM, when asked to start the generator, Staff C (caregiver) attempted to start the generator inside the facility and the agency representative stopped her. Staff	A 182		

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A 182	Continued From page 13 C then roll the generator outside, but did not know how to operate the generator. Observation on /20203 at 6:48 AM when asked to start the generator, Staff H (caregiver) walked up to the generator, and stated, "I don't know." Interviewed on . . . . . at 3:15 PM the Administrator stated that the staff knows how to start the generator. The Administrator stated that at the beginning of the hurricane season she trained the staff on how to start the generator. Class II	A 182		