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
	AL11969874	A. BUILDING: _____ B. WING _____	08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT MAITLAND	701 N MAITLAND AVE MAITLAND, FL 32751

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A 000	Initial Comments A re-licensure survey and a generator monitoring was conducted at Providence Living at Maitland Assisted Living Facility and Memory Care with Limited Nursing Services (LNS) on . . . . . and . The facility had deficiencies at the time of the visit.	A 000		
A 008 SS=D	429.26(.) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the	A 008		

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A 008	Continued From page 1	A 008		

facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or

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A 008	Continued From page 2 her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff,	A 008		

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A 008	Continued From page 3 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No =Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded	A 008		

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A 008	Continued From page 4 on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain an 1823 Health Assessment Form completed by the healthcare provider that had missing information required for 1 of 6 sampled residents (#2). Findings:	A 008		

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A 008	Continued From page 5 Resident #2's record review revealed an admission date of . . . . . The last 1823 Health Assessment dated listed medical history of , , ... and Memory loss. She is independent with all activities of daily living (ADLs) and able to administer her own medications. On page one of the 1823 Health Assessment Form, the elopement risk question was not answered. (Photographic Evidence Obtained) There was no other documented evidence in the file that indicated if resident #2 was an elopement risk or not. On at 1:50 PM, an interview with both the Health Wellness Director and the Area Director of Wellness confirmed the finding. Class III	A 008		
A 010 SS=D	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	A 010		

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A 010	Continued From page 6	A 010		

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, 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,

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A 010	Continued From page 7 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. (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)	A 010		

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A 010	Continued From page 8 of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 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 [illegible] 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	A 010		

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A 010	Continued From page 9 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 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a new 1823 Health Assessment Form completed by the healthcare provider after significant changes occurred for 1 of 6 sampled residents (#2) as required. Findings: Resident #2's record review revealed an admission date of . The last 1823 Health Assessment dated listed medical history of , , and Memory loss. She is independent with all activities of daily living (ADLs) and able to administer her own medications. A facility letter dated documented that resident #2 moved from to due to an emergency that the air conditioner had a freon leak and not working properly.	A 010		

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A 010	Continued From page 10 A new resident alert checklist was completed on [redacted] and indicated that resident #2 now ambulates with a walker and now needs assistance with self-administration of medications for 3 medications. In addition, it was noted that resident #2's behavior had negatively changed. (Photographic Evidence Obtained) There was no documented evidence that a new 1823 Health Assessment was completed for significant changes. On [redacted] at 1:50 PM, an interview with both the Health Wellness Director and the Area Director of Wellness confirmed the finding. Class III	A 010		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making [redacted] for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's	A 025		

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A 025	Continued From page 11 representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by:	A 025		

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A 025	Continued From page 12	A 025		

Based on facility documentation, resident record review and interview, the facility failed to appropriate supervision to prevent a with injury to 1 of 6 sampled residents (#6) that was identified as a risk; {2} and the facility failed to maintain written facility documentation for updates, significant changes or illnesses resulting medical attention for 5 of 6 sampled residents (#1, #2, #4, #5, #6) as required.

Findings:

1. An unwitnessed incident was reported on at 7:44 AM with resident #6 that resulted on the right and resident #6 was sent to the hospital.

Resident #6's record review revealed an admission date of . The 1823 Health Assessment dated listed the medical history of with bodies, without behavioral disturbances, , , , and . She uses a walker for ambulation and high risk for . She needs assistance with activities of daily living (ADLs) with bathing, and toileting, and supervision with ambulation, eating, grooming, and transferring. She needs assistance with self-administration of medications.

There were no documented facility notes maintained for the incident.

An email dated at 8:21 AM from the family documented this letter is to serve as notice to end the contract with the assisted living facility and they will arrange to have resident #6's personal belongings picked up and moved.

A hospital report dated documented

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A 025	Continued From page 13 that resident #6 visited the hospital on [redacted] (one day after the [redacted]) and it was confirmed a [redacted] to the right [redacted] and a small [redacted] hematoma. (Photographic Evidence Obtained) On [redacted] at 2:45 PM, an interview with the Health Wellness Director and Area Director of Wellness confirmed the finding. On [redacted] at 3 PM, an interview with the Administrator confirmed the finding. 2. Resident #1's record review revealed an admission date of [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted] body [redacted], ileus (resolved), electrographic [redacted] tendency, [redacted], acute [redacted] with acute [redacted] and [redacted]. He needs assistance with activities of daily living (ADLs) in ambulation, bathing, [redacted], toileting and transferring. Supervision with eating and grooming. He needs assistance with self-administration of medications. A grievance letter from the family dated [redacted] documented terminating the relationship with the facility due to breach of contract dated [redacted]. The letter further stated that unfortunately under the current management and Director of Nursing it was not a safe place for resident #1 to reside. Resident #1 had spent 48 hours in the facility since [redacted]. On [redacted], at approximately 2 PM- [redacted], 2 PM, resident #1 has been hospitalized fighting health conditions that could have been mitigated or	A 025		

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	AL11969874	A. BUILDING: _____ B. WING _____	08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT MAITLAND	701 N MAITLAND AVE MAITLAND, FL 32751

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A 025	Continued From page 14 due to the facility's neglect and incompetence. All of resident #1's belongings will be removed from the facility at 11:59 PM on . There were no documented facility notes maintained for the hospitalization in - and rehabilitation days out of the facility, any significant changes and the grievance letter dated . (Photographic Evidence Obtained) 3. Resident #2's record review revealed an admission date of . The last 1823 Health Assessment dated listed medical history of , , and Memory loss. She is independent with all activities of daily living (ADLs) and able to administer her own medications. A facility note dated at 9:48 PM by nurse F documented new resident #2 moved in today on . Ate some of her dinner and kept trying to leave and asking for her husband. I took her to the common area to watch a movie when the ladies and she sat there for a while then got tired, so I took her to her room, helped to get ready for bed then tucked in bed. A facility note dated at 10:33 PM by nurse F documented resident #2 is starting to get very agitated and aggressive when trying to help her get ready for bed, started yelling saying she needs her husband. A facility note dated at 9:45 AM by nurse D documented resident #2 has stayed to herself for about a week now, where she does not	A 025		

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A 025	Continued From page 15 want to really talk with her peers or staff. Resident #2 in the AM (morning) has hit staff when trying to redirect her to change into daily clothes from her night clothes. Resident #2 has stated to care staff "you are trying to kill me; I know you are". (Photographic Evidence Obtained) On [redacted] at 3:10 PM an interview with the Health Wellness Director stated he requested new orders medication for [redacted] behaviors but did not have any documentation as evidence. On [redacted] at 3:15 PM an interview with the Area Director of Wellness confirmed the findings. 4. Resident #4's record review revealed an admission date of [redacted]. The last 1823 Health Assessment dated [redacted] listing medical history of [redacted], history of COVID, [redacted] with obstruction, [redacted], Leukopenia, Lymphedema, [redacted] left lower extremities, history of [redacted], history of [redacted] and [redacted]. She needs assistance with activities of daily living (ADLs) with bathing, [redacted] grooming and toileting. Supervision with ambulation and transferring and independent with eating. Observation on [redacted] at 10:02 AM, resident #4 was having difficulty with ambulation and transferring with unsteady gait to the yoga exercise activities using her walker. She was observed with another resident #3 helping her until a staff took over and continued with assisting resident #4 to the chair. (Photographic Evidence Obtained)	A 025		

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A 025	Continued From page 16 There was no documented care plan or order by the physician to specify why the device is prescribed for usage, monitoring to ensure the device is used appropriately and safely, and an annual review by the physician for continued use. In further review, there was no facility notes documented and no Home Health notes documentation for the [redacted] located on the [redacted]'s visitation, frequency, the healing stages and required measurements every 30 days to ensure resident #4 still appropriate to reside in an assisted living facility community. 5. Resident #5's record review revealed an admission date of [redacted]. The last 1823 Health Assessment dated [redacted] listed medical history of Acute [redacted] Hematoma, [redacted], [redacted], history of COVID, [redacted], right heel [redacted], history skin [redacted], [redacted], history of [redacted], [redacted], and irregular heartbeat. Recently she was admitted to Hospice care but no date when. She needs assistance with all activities of daily living except for independent with eating and total care with ambulation. She is wheelchair bound only. (Photographic Evidence Obtained) There was no Hospice interdisciplinary care plan and certification for admission as required. There were no facility notes documented at all ready to review and not available. On [redacted] at 5:30 PM, an interview with Administrator, Health Wellness Director, and Area Director of Wellness confirmed all the findings.	A 025		

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A 025	Continued From page 17 Class III	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility 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	A 030		

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A 030	Continued From page 18 pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone 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	A 030		

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A 030	Continued From page 19 any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (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	A 030		

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A 030	Continued From page 20	A 030		

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

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A 030	Continued From page 21 show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , , , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the 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	A 030		

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A 030	Continued From page 22 Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on facility documentation, resident record review and interview, the facility failed to honor rights for resident #1 regarding a grievance about the appropriate care and services not provided while resident #1 was residing at the facility. Findings: Resident #1's record review revealed an admission date of . The 1823 Health Assessment dated listed medical history of , , , , , body , , , , , , ileus (resolved), electrographic tendency,	A 030		

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A 030	Continued From page 23 , acute with acute , , and . He needs assistance with activities of daily living (ADLs) in ambulation, bathing, , toileting and transferring. Supervision with eating and grooming. He needs assistance with self-administration of medications. A grievance letter from the family dated documented terminating the relationship with the facility due to breach of contract dated . The letter further stated that unfortunately under the current management and Director of Nursing it was not a safe place for resident #1 to reside. Resident #1 had spent 48 hours in the facility since . On , at approximately 2 PM- , 2 PM, resident #1 has been hospitalized fighting health conditions that could have been mitigated or due to the facility's neglect and incompetence. All of resident #1's belongings will be removed from the facility at 11:59 PM on . (Photographic Evidence Obtained) On at 5:20 PM, an interview with the Administrator confirmed the finding and stated that he did not respond to the grievance letter. Class III	A 030		
A 032 SS=D	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	A 032		

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A 032	Continued From page 24 with any history of elopement must be identified so staff can be alerted to their needs for support 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:	A 032		

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A 032	Continued From page 25 1. An immediate search of the facility and premises, 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 observation, resident record review and interview, the facility failed to make a daily effort to check if 1 of 6 sampled residents (#3) had the identification bracelet on their person that includes the resident's name, facility's name, facility's address, and facility's telephone number as required for residents' high risk for elopement. Findings: Resident #3's record review revealed an admission date of [redacted]. The last 1823 Health Assessment dated [redacted] listed medical history of [redacted] history of [redacted] and history of [redacted], Iron deficiency, major [redacted] B and [redacted] D deficiencies. She is independent with all activities of daily living (ADLs) except supervision with bathing. She needs assistance with self-administration of	A 032		

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A 032	Continued From page 26 medications. In addition, she was identified as an elopement risk resident. (Photographic Evidence Obtained) Observation on at 10 AM, resident #3 was not wearing an identification bracelet that included her name, the facility name and the facility's address and no facility's telephone number. There was no documented evidence that the facility was making a daily effort to check if resident #3 had identification on. On at 2:10 PM, an interview with both the Health Wellness Director and the Area Director of Wellness confirmed the finding. Class III	A 032		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill	A 056		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVIDENCE LIVING AT MAITLAND	701 N MAITLAND AVE MAITLAND, FL 32751

(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 056	Continued From page 27 organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort	A 056		

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A 056	Continued From page 28 to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, resident record review and interview, the facility failed to obtain the correct medication order "for direction of use" for 1 of 6 sampled residents (#7) from a healthcare provider as required. Findings: Resident #7's record review revealed admission	A 056		

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A 056	Continued From page 29 date . . . . The last 1823 Health Assessment dated listed medical history of memory loss, . . condition, . . . , , , and . She is independent with her activities of daily living (ADLs) and needs assistance with self-administration of medications. During a 12 PM (noon) medication pass observation, Med Tech E gave resident #7 one capsule of . . . . . 10 milligram (mg) for . The medication prescription label dated . . . . . direction was one capsule of 10mg by every evening. The medication observation record (MORs) had taken 1 capsule by at 12 PM (noon). (Photographic Evidence Obtained) On at 12:05 PM, an interview with Med Tech E and the Area Director of Wellness stated that the orders changed from 10mg every evening to every day at 12 PM (noon). On . . . . . at 12:10 PM, an interview with resident #7 confirmed that her medication had changed, she used to take it every night, but the doctor changed it to every day at noon. There was no documented evidence or order found to support the change. On . . . . . at 1 PM, the Area Director of Wellness telephoned the physician to verbally confirm the new order change for the . . . . . 10mg now to be given at 12 PM noon every day instead of every night. The physician stated would fax another copy of the order to the facility later. Class III	A 056		

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A 170 SS=D	429.24(3)a Resident Refund Policy ....The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18. This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview, the facility failed to honor the refund policy by providing the responsible party the unused portion of payment beyond the termination date provided that 14 days advance written notice is given if the facility intends to make a claim against a refund due to 1 of 2 sampled residents (#1) as required. Findings: Resident #1's record review revealed an admission date of . The 1823 Health Assessment dated listed medical history of , , , , , , , , body , , , , , , ileus (resolved), electrographic tendency, , , , acute with acute , , , and , , , . He needs assistance with activities of daily living (ADLs) in ambulation, bathing, , toileting and transferring. Supervision with eating and grooming. He needs assistance with self-administration of medications.	A 170		

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A 170	Continued From page 31 On . . . . . at 9:30 AM, an interview with the Administrator after requesting census of residents and their location such as in a nursing home rehabilitation (rehab) or hospital, the administrator identified that resident #1 was out in rehab and would not be returning to the facility due to a higher level of care. It was asked if resident #1 received a refund and the administrator answered no, not yet and confirmed that resident #1 had paid for the month of . It was explained to the administrator that resident #1 would be due a refund and the administrator understood and agreed. A review of resident #1's contract agreement and the refund policy dated . Resident #1's monthly rate was $7095.00 paid for . The daily rate is $233.23. The family removed resident #1's personal belongings from on . The facility owes a refund to resident #1 in the amount of $6530.44. The is as follows: 28 days left in from -, 28 days x 233.23=$6530.44 due for refund. (Photographic Evidence Obtained) On at 3:45 PM, an interview with the Business Office Manager (BOM) about the resident #1's contract agreement and facility's refund policy The BOM reviewed the contract agreement and confirmed that a refund was due to resident #1. On . . . . . at 6:20 PM, an exit interview with the Administrator confirmed the findings. Class III	A 170		