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
	AL11968250	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CALVINELLE SOUTH ASSISTED LIVING FACILITY INC	1750 NW 41 STREET MIAMI, FL 33142

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint (#20230124850) investigation was conducted from [redacted] at Calvinelle South Assited Living Facility. Deficiencies were identified at the time of survey.	A 000		
A 025 SS=L	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or [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 or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate supervision as appropriate for each resident to ensure awareness of the general health, safety, physical and emotional well-being for one (#1) out of ten (10) sampled residents (Resident #1). Resident #1 and was hospitalized with a , an acute of the left and right /jaw, an acute and a and later . The facility also failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention.	A 025		

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A 025	Continued From page 2 Findings: A review of Resident #1's health assessment dated showed diagnoses of ( ), Major ( ), . Resident was Awake, Alert, and Oriented, times three (AAOX3). Resident #1 had a precaution in place. Resident #1 needed precautions. Resident #1's health assessment showed he . Activities of daily living showed independence in ambulation, eating, , self-care toileting, and transferring. However, the primary care physician notes dated , showed Resident #1 needed assistance with all activities of daily living Interviewed on at 5:49 PM Staff B (Caregiver) stated that he was working alone when Resident #1 . Staff B stated, "Around 3 or 4 AM I heard a big stumble. I went upstairs and found him on the floor. I turned him over. I saw the . I took his shirt and wiped him ( )." When asked about previous , Staff B further stated, "Sometimes when Resident #1 goes up the steps he would hit his on the steps. On was the worst one. I called 911. Within 15 minutes rescue was there. Rescue assisted." A review of the Adverse Incident Report dated showed that Staff B heard a sound coming from the direction of Resident #1's room and he (Staff B) responded and found Resident #1 on the floor, down at 4:31 AM. A further review of the Adverse Incident Report dated showed that after Resident #1	A 025		

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A 025	Continued From page 3 had the on , he assisted himself from the floor and was at the bathroom when paramedics arrived. A review of the fire rescue record dated found that Emergency Services was in-service at 4:54 AM. A review of Resident #1's progress notes dated showed: "Staff responded to sound, found Resident #1 on floor from headfirst aid applied and 911 called. He was transported to ER (emergency room) at hospital and was later transported to another hospital. Primary care physician on call APRN (Advanced Practice Registered Nurse) notified as well." A further review of Resident #1's progress notes dated showed that the time of Resident #1's was not documented. A review of records from an acute care hospital showed Resident #1 was found on the floor in a pool of on . According to the hospital records, Resident #1 sustained, " , that required ; an Acute of the Left and Right /jaw; an Acute and ." According to the care record dated , Resident #1 was further diagnosed with a left of the / left arm. According to MedlinePlus, a hematoma is defined as: "a collection of between the covering of the and the surface of the . A hematoma is most often the result of a severe injury. This type of hematoma is among the deadliest of all injuries. A is a break usually in a bone. commonly happen because of ."	A 025		

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A 025	Continued From page 4 The National Institute of Health (NIH) defined a [illegible] as "[illegible] into the [illegible] is divided into [illegible] versus non-[illegible] [illegible] most commonly occurs after [illegible] cortical surface [illegible] are injured and [illegible] into the [illegible] space. An [illegible] is a collection of [illegible] within the [illegible] Midshaft [illegible] usually occur due to a direct blow to the upper arm, which results from [illegible]." A review of hospital and rehabilitation center records for Resident #1 dated [illegible] showed: "left sided paresis as a result of [illegible] with fixed upper extension [illegible] with [illegible] that was managed conservatively. Left sided LE Flexion [illegible], only partially extended with range of motion. Poor prognosis for regaining his motor function. According to the National Institute of Health, Paresis is defined as, "mild to moderate degree of muscular [illegible] is a result of stiffness or constriction in the connective tissue of the body caused by an injury." A review of hospital records documented that the Resident #1 [illegible] on his admission on [illegible] Further review showed that the resident was diagnosed with "Severe hypercatabolic state." According to the World Health Organization, [illegible] is defined as: "deficiencies, excesses, or imbalances in a person's intake of energy or nutrients. [illegible] and	A 025		

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A 025	Continued From page 5 micronutrient deficiencies or insufficiencies (a lack of important and). A review of his primary care medical records showed that the resident's . . had been , on . A review of the resident's record in the facility found no documentation of the 18-, ... loss. A review of Resident #1's progress notes dated . . . . . showed Resident #1's showed "appetite and sleeps good." A further review of Resident #1's progress report showed no . . loss. A review of the rehabilitation center record showed that Resident #1 . . . there on . . . . . , , never having recovered from his injuries. A review of Staff B's personnel record showed a hire date of . . . . . and training in Resident Behavior and Needs, and Assistance with ADL (Activities of Daily Living) Training Course (3 hours). A review of the Admissions/Discharge log showed a census of 10 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #12) residents at the time of the on . . . . . . A review of the Staffing Roster for the Month of showed Staff B (Caregiver) as the only employee on schedule for the Night Shift on and no work hours documented. Interviewed on at 12:19 PM when asked if he conducted an investigation regarding Resident #1's , the Administrator stated, "No."	A 025		

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A 025	Continued From page 6 The Administrator stated that the only investigation was represented in the progress notes that were documented in Resident #1's file. On [redacted] at 5:49 PM, when asked about Resident #1's [redacted], Staff C (caregiver) stated he was "always [redacted], and rocky on his [redacted]. When he wakes up and goes to the bathroom, he would stumble, and I would tell him to be careful." She further stated that he had [redacted] multiple times at the facility. When asked who she informed of his [redacted], Staff C said, "I would call [health care provider], but they would not do anything." An additional review of Resident #1's record found no documentation of the [redacted] or the stumbling behavior. Interviewed on [redacted] at 5:28 PM, when asked if she had ever seen Resident #1 before, Resident #4 stated, Resident #1 kept falling down. He [redacted] down about 18 times. When he goes to shower and when he gets out of bed he [redacted]. The last time he [redacted] ([redacted]), I was going to the bathroom when I saw him flat on his [redacted]. I had to walk over him. He had a big gash. He was down and hollering. He was lying down for about 30 minutes. This was about 3 or 4 AM in the morning." Interviewed on [redacted] at 2:34 PM when asked if Resident #1 had any previous [redacted], the facility's APRN (Advanced Practice Registered Nurse), "I am a Nurse. I would report it. I am obligated to report it. We took care of it. We took pride in it." Interviewed on [redacted] at 2:34 PM when asked if she reported to Resident #1's program that the resident [redacted] down the stairs, the APRN	A 025		

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A 025	Continued From page 7 stated, "He did not down the stairs. I did not report anything to his program. Anything the staff tells me, I call his program. I never told anyone he down the stairs." When asked she if she (Owner) called the program about Resident #1's on , the Owner stated, "I don't know. I can't recall. I don't know about the stairs. I can't remember that." A review of the Primary Care Progress notes dated showed, "Resident #1 was seen today and was reported by Owner that he has a in his right area. As per information received by ALF Owner, she believes he sustained a , but all staff from the ALF are unaware of this event or did not provide any information regarding it. Participant around 2:40 PM last Sunday afternoon when he was going down the stairs to the main 1st floor, he lost his balance and on his . Participant denies hitting his or losing his as a result of his . ALF Owner, he has been sleeping well and there are no new changes in behaviors or in his state." According to Resident #1's Primary Care Physician notes dated documented the following: "Medical follow-up right anterior lower skin , reported by ALF Owner. Patient reports he hit the stairs at the ALF and was noted a redness in the area like five days ago." A review of Resident #1's progress notes showed no documented on and and no intervention to assist resident #1 to and from the bathroom or to walk in other areas of the facility. There was also no documentation of precautions in place for the resident.	A 025		

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A 025	Continued From page 8 Interviewed on , Resident #1's daughter stated that she heard different stories from the facility and the case worker. The daughter stated that the Administrator told her that her father coming out of his room (#.) which was not too far from the bathroom. She stated that the Administrator told her that the resident but he did not hit his or anything. The daughter stated further, "If he did not on his , how did he break both jaws? My father called me sometime in and left a message that he wanted to come home. The next day I spoke with him. He stated that they were not good to him." A review of the Residents health assessments found Residents #3, #4, # #12, #7, #8 & #9 were at risk for and needed supervision and assistance: Resident #3's health assessment dated showed diagnoses of , , , , , , mild , major , . Physical or sensory limitations showed patient uses an assistive device. Resident had a precaution. Resident #3 needed precautions. Activities of daily living showed independent with ambulation, eating, toileting and transferring, and supervision with and self-care and assistance with bathing. Resident #4's health assessment dated showed diagnoses of type II , dependent, , Tobacco use, , Physical or sensory limitations showed patient uses an assistive device as needed. Resident had a precaution.	A 025		

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A 025	Continued From page 9 Activities of daily living showed independent in ambulation, bathing, [illegible], eating, self-care, toileting and transferring. Resident #6's health assessment dated11/28/2022 showed diagnoses of [illegible], gallstones, [illegible]. Activities of daily living showed independent with ambulation, eating, and transferring, but supervision needed with bathing, [illegible], self-care, and toileting. Resident #12's health assessment with a completion dated [illegible] showed diagnoses of [illegible] s/p treatment, [illegible]. Physical or sensory limitations showed resident Ambulates with walker. Nursing/treatment/[illegible] services requirements showed assistance and supervision with ADLS. Activities of daily living showed Resident needed assistance with ambulation and supervision with bathing, [illegible], self-grooming and toileting and independent with transferring. Resident #7's health assessment dated10/18/2022 showed diagnoses of [illegible] type 2, [illegible], Major [illegible], and [illegible]. Resident had a [illegible] precaution. Activities of daily living showed independent in ambulation, eating, and transferring, but supervision needed with bathing, [illegible], self-care, and toileting. Resident #8's health assessment dated [illegible] showed diagnoses of [illegible] type 2 [illegible], and [illegible]. The resident needed precautions. Activities of daily living showed the resident was independent with eating, but needed	A 025		

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A 025	Continued From page 10 supervision with ambulation, bathing, [illegible], self-care, toileting and transferring. Resident # 9's health assessment dated [illegible] showed diagnoses of [illegible], [illegible]. Activities of daily living showed independent in ambulation, eating, toileting and transferring, and supervision needed with bathing, [illegible], and self-grooming. Class I	A 025		
A 027 SS=J	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making [illegible] and remind residents about scheduled [illegible] for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a [illegible] health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist with the arrangement of healthcare services for one out of 12 sampled residents (Resident # 1). The facility also failed to report Resident #1's [illegible] to his healthcare provider promptly and failed to implement precautions to reduce the likelihood of the subsequent [illegible], which	A 027		

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A 027	Continued From page 11 resulted in the resident's . . . . . Findings include: A review of Resident #1's progress notes dated showed that staff responded to Resident #1 on the floor . . . . . from his . . . . . First aid was applied and 911 was called. The resident was transported to the emergency department of a local medical center and then was later transferred to a local . . . . . hospital. In an interview on . . . . . at 4:32 PM, Resident #1's daughter stated that after her father left the hospital, he was transferred to a long-term care facility, where he under hospice care. During an interview on at 6:05 PM, Staff B (caregiver) stated, "At 3 or 4 in the morning, I heard a big stumble. When I reached upstairs, I saw [Resident #1] on the floor . . . first. There was all over his . I used his shirt to wipe the . . . . . I called 911, and within 15 minutes, they came." A review of the adverse incident report filed on . . . . . showed that at 4:31 AM on . Staff B reported he responded to a sound that came from upstairs, where he found Resident #1 on the floor outside of his bedroom and next to the bathroom. He observed that Resident #1 was from his . Staff rendered first aid, and 911 was called. The resident was transported to the hospital. A review of the fire rescue run record showed the call from the facility to displace was at 4:54 AM. A review of the hospital record of the first hospital that Resident #1 was transported to showed the	A 027		

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A 027	Continued From page 12 resident arrived at 5:37 AM. A review of the hospital record of the second hospital Resident #1 was transferred to, dated [illegible], showed, "Per caregiver, patient [illegible] while trying to get up from bed and go to the bathroom. In the ED (emergency department), patient was found to have multiple including the [illegible] and [illegible] bone. Additionally found to have intraparenchymal [illegible] and [illegible]." According to the Mayo Clinic, a [illegible] intraparenchymal is a collection of within the [illegible]. It's usually caused by a [illegible] that bursts in the [illegible]. It may also be caused by [illegible], such as a car accident or [illegible]. The may collect in the tissue or underneath the [illegible], pressing on the [illegible]. According to Johns Hopkins Medicine, a [illegible] is [illegible] in the space that surrounds the [illegible]. It often occurs when a weak area in a [illegible] (aneurysm) on the [illegible]'s surface bursts and leaks. The then builds up around the and inside the [illegible], increasing pressure on the [illegible]. A review of Resident #1's health assessment dated showed diagnoses of [illegible], Major [illegible], and [illegible]. The health assessment identified him as independent with all activities of daily living. The resident also needed precautions. A review of Resident #1's health care provider notes dated showed Resident #1 required assistance with ADLs (activities of daily living) and was on and safety precautions.	A 027		

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A 027	Continued From page 13 Further review showed that the ALF was called, and the facility's licensed health care professional was updated on the resident's plan of care. During an interview on [redacted] at 5:28 PM, Resident #4 stated, "[Resident #1] kept falling down. When he goes to the shower and when he gets out of bed, he [redacted]." On [redacted] at 5:49 PM, when asked about Resident #1's [redacted], Staff C (caregiver) stated he was "always [redacted], and rocky on his [redacted]. When he wakes up and goes to the bathroom, he would stumble, and I would tell him to be careful." She further stated that he had [redacted] multiple times at the facility. When asked who she informed of his [redacted], Staff C said, "I would call [health care provider], but they would not do anything." A review of Resident #1's health care provider notes dated [redacted] showed, "Medical follow-up right anterior lower [redacted] skin [redacted], reported by ALF's Owner (the facility's licensed health care professional). Patient reports he hit the stairs at the ALF and was noted with redness in the area about five days ago. Right lower [redacted] ([redacted] area) noted with a localized dark scab and slightly [redacted] with a reddish color." Resident #1 began receiving [redacted] care the following day on [redacted]. A review of Resident #1's record showed no documentation of the resident's receiving [redacted] care. There was no documentation of incidents with the resident injuring himself on the stairs. On [redacted] at 2:34 PM, when asked about Resident #1's injury on [redacted] and the delay in the resident receiving care, the facility's licensed health care professional stated, "I don't know	A 027		

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	AL11968250	A. BUILDING: _____ B. WING _____	09/14/2023

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A 027	Continued From page 14 about care. I don't recall. If someone called me and stated he injured his , I would have called [health care provider]." When asked for documentation, the facility's licensed health care professional stated, "On my part, it was done, but it was not documented." On at 6:59 PM, when asked Resident #1 , Staff B (caregiver) stated, "Sometimes when [Resident #1] used to go up the steps, he would hit his on the stairs." A review of hospital records dated showed Resident #1 was observed to have multiple untreated old sores that appeared to have healed on their own. A review of Resident #1's record showed no documentation of his . There was no documentation of the facility's actions to prevent further or coordinate medical care. A review of Resident #1's health care provider notes dated showed, "[Resident #1 seen today to assess him after it was reported by ALF's Owner (the facility's licensed health care professional), she believes he sustained a , but all staff from the ALF are unaware of this event or did not provide any information regarding it. Participant confirmed he around 2:40 PM last Sunday, , afternoon; he was going down the stairs to the main floor, lost his balance and on his . Upon assessment, a to the right was noted." A review of Resident #1's progress notes showed no documentation of the . On at 2:34 PM, when asked about Resident #1's on and why it was	A 027		

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A 027	Continued From page 15 not reported to the health care provider until two days later, the facility's licensed health care professional stated, "He did not down the stairs. I did not report anything to [health care provider]. I know I spoke to the provider about medication reconciliation." In an interview on at 2:52 PM, Resident #1's primary care provider stated that he was not informed of any besides the one on . . . . . He further stated that Resident #1 "had precautions and the facility needed to have things in place such as the bed being in the lowest position, routine checking, proper lighting, and to report any change in condition." A review of Resident #1's record showed no documentation of the resident needing precautions or if any of the safeguards previously were implemented. During an interview on at 2:34 PM, when asked about the facility informing Resident #1's health care provider about his constant , the facility's licensed health care professional stated, "The staff also called [health care provider] because they would call and tell me they already called it in." When asked for documentation of the contact between the facility and the health care provider, the facility's licensed health care professional stated, "It would be in the chart. Just because it was not documented doesn't mean the communication didn't take place." 2) A review of Resident #1's health care provider notes dated . . . . . showed that it was reported that the resident was eating well. Further review showed, "His _ is around ., which has been an ongoing concern. He is on	A 027		

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A 027	Continued From page 16 supplements to improve appetite and to meet his nutritional needs." The resident's ( ) was listed as 17.05. A review of Resident #1's progress notes dated showed "appetite and sleeps good." A review of Resident #1's health care provider notes dated showed the facility's owner was contacted and reported that the resident was eating and sleeping well. She also reported no other health concerns. Resident #1's was documented to be with a of 16.3. A review of Resident #1's progress notes dated showed Resident #1's "appetite is good and needs assistance with ADLs." During an interview on at 5:49 PM, when asked about Resident #1's appetite, Staff C stated No, [Resident #1] did not eat plenty. I would have to remind him to eat his food, and when he ate, it was not a lot." When asked who she informed of Resident#1's decrease in appetite, Staff C stated she contacted the resident's health care provider and the administrator. A review of Resident #1's record showed no documentation that the facility contacted Resident #1's primary care provider about his decreased appetite. Further review showed no documentation of the resident's loss. On at 2:34 PM, the facility's licensed health care professional stated that she was not aware of Resident #1's loss. She further said, "[Resident #1] was going to [primary care provider office] twice a week. If we were to miss	A 027		

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A 027	Continued From page 17 it, they wouldn't have." In an interview with Resident #1's primary care provider on at 2:52 PM, he stated that he was not aware of the resident's decreased eating habits. He further stated, "He was receiving supplements to increase his appetite twice a day. When we encountered the ALF, they said he was eating well." A review of Resident #1's hospital records showed a discharge summary dated , which documented 'Patient presented with severe protein caloric . His ( ) is less than 18. Patient continues to tolerate pureed and soft foods with assistance.' Further review of the discharge summary showed Resident #1 required alternate means of nutrition due to 'persistent severe .' A review of Resident #1's rehabilitation center's records dated showed the resident's at admission was . Further review showed the resident to be "frail and ill looking individual, , has lost approximately , in the past 7 weeks, while hospitalized." According to the National and Institute a less than 18.5 is considered Class I	A 027		
A 030 SS=I	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY	A 030		

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A 030	Continued From page 18 PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement;	A 030		

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A 030	Continued From page 19 5. Reporting resident . . . . . , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect.	A 030		

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A 030	Continued From page 20 (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any	A 030		

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A 030	Continued From page 21 resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care . . . ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . ., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall	A 030		

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A 030	Continued From page 22	A 030		

establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using his or her own belongings, as space permits;

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A 030	Continued From page 23 choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [illegible] or [illegible] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that two out of 12 sampled residents lived in a safe and decent living environment, free from [illegible] and neglect (Resident #2 and #4). Findings include: On at 2:28 PM, Resident #2 stated his only complaint was about Staff E. And that he informed the Administrator of his concerns. He further said Staff E talked down to the residents and was verbally [illegible]. In an interview on at 5:28 PM, when asked about Staff E's treatment towards the residents, Resident #4 stated, "When we don't take a shower, [Staff E] screams at everybody. I talked to her a little bit. Interviewed on at 3:00 PM when	A 030		

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A 030	Continued From page 24 asked about employees . . . . . involving residents, the Administrator stated that he was unaware of it. A review of the facility's records showed no documentation of an investigation into Staff E's behavior. There was no documentation of any corrective action. There was no documentation of the Administrator speaking with Staff E about any investigation findings. A review of Staff E's personnel record showed no documentation of her being retrained. A review of the facility's . . . . , neglect and , policy states, "All staff will be oriented and trained in the legal rights of patients, which are posted in an area accessible to the client. Staff will always respect these rights. Staff members who have reason to believe that another employee is abusing or neglecting residents have an to discuss such concerns with their supervisors. A staff member who fails to report , neglect or , may be guilty of neglecting him/herself. . . . . may be physical, verbal, or emotional. Staff is not permitted to strike/hit at clients or use offensive language with them under any circumstances." Class II	A 030		
A 036 SS=G	59A-36.007(10) . . . CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of	A 036		

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A 036	Continued From page 25 (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or hygiene may include the use of -based rubs, handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an exposure to transmissible agents in , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to reduce the risk and transmission of for 10 (#1, #2, #3, #4, #5, #6, #7, #8, #9 & #12) out of 10 sampled residents. Staff B (Caregiver) failed use gloves before coming in contact with Resident #1's and cleaning up from floor, door knob and frame. Findings: A review of the Adverse Incident report dated showed Resident #1 had a onto the floor on at 4:31 AM and was found from the	A 036		

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A 036	Continued From page 26 Interviewed on at 5:49 PM Staff B stated, "I wiped the off his with his shirt. The paramedics did not wipe the up. The was on the bathroom door and the floor. I did not think about wearing gloves. I did not clean up the on the floor. [Staff C] (Caregiver) did when she came in the morning." A review of Staff B's personnel records showed a hire date of and Control Standard Precaution training (1 hour) on . According to the facility's policy of Control Standard Precautions, "Standard precautions are to be used on all residents regardless of their diagnosis or presumed illness, when coming into contact (or risk of contact) with any of the following: (1) , (2) All , , , and , except sweat, (3) Open areas of the skin or (4) . Gloves will be worn when changing or other tasks involving contact with non-intact skin or , care or examination, handling of or other , specimens, handling soiled , lines, laundry or other contaminated materials and for cleaning contaminated surfaces of material." According to the Center for Control and Prevention (CDC), one of the most important strategies in the transmission of agents was to wear gloves when , contact with a patient's . Interviewed on at 5:49 PM Staff C stated, "[Staff B] did not want to deal with the . I came in at 7 :00 AM that morning after Resident #1 . I cleaned up the off the floor and door."	A 036		

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	AL11968250	A. BUILDING: _____ B. WING _____	09/14/2023

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A 036	Continued From page 27 Interviewed on at 5:34 PM Resident #4 stated, "I had to walk over him. He had a big gash. He was down and hollering. I did not see Staff B clean up the . . before fire rescue came. He (Resident #1) was lying down for about 30 minutes. This was about 3 or 4 AM in the morning. [Staff B](did not wipe the off. He (Resident #1) was lying in front of the bathroom." Interviewed on at 2:34 PM the Owner stated, "I think Staff C told me she cleaned it ( ) up. She lived across the street." Class II	A 036		
A 077 SS=H	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an	A 077		

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A 077	Continued From page 28 administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect	A 077		

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A 077	Continued From page 29	A 077		

on the date the non-compliance is discovered by the agency or the department.
(b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as

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A 077	Continued From page 30 a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not . . . . . , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that it was under the supervision of an Administrator who established the provision of appropriate care of all residents. The facility also failed to ensure the implementation of a . intervention plan for Resident #1 after multiple undocumented . The Administrator also failed to conduct a thorough investigation after a major incident ( ) where one of ten sampled residents was injured and eventually (Resident #1). The Administrator failed to ensure that employees were effectively trained regarding first aid and . . . . control. Findings: 1) A review of an Adverse Incident Report dated documented that on at 4:31 AM, Resident #1 was found on the floor with a injury, lying in a pool of . Further	A 077		

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A 077	Continued From page 31 review revealed that the report was completed by an 'Other Licensed Health Care Professional' listed on the facility's Background Screening roster. Interviewed on at 12:19 PM when asked about the prevention policy, the administrator stated that he did not have a policy but a health and safety policy which stated, "Grab bars shall be non-removable." When asked if Resident #1 had previous , the administrator stated, "No. He (Resident #1) did not have a precautions." A review of Resident #1's health assessment with a completion date of showed the resident needed precautions. A review of the primary care provider's notes dated showed Resident #1 needed assistance with all activities of daily living. Interviewed on at 12:19 PM when asked if he conducted an investigation regarding Resident #1's and injuries, the Administrator stated, "No." He then stated that were investigation was the progress notes that were documented in Resident #1's file. A review of progress notes found in Resident #1's record showed that on , "[Staff responded to sound from Resident #1 on floor , from . First Aid applied and 911 called. He was transported to hospital and transported to hospital. Primary care physician on call ARNP notified as well."] The time of the incident was not listed. Interviewed on at 5:49 PM Staff B (Caregiver) stated that he called his wife (Staff C) who was off duty when Resident #1 . Interviewed on at 12:19 PM when	A 077		

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A 077	Continued From page 32 asked about previous . . , the Administrator stated that the Resident #1 had not before and that the resident "had more energy than everyone else." A review of Resident #1's Primary Care Provider's Progress notes dated . . . . . showed facility staff were unaware of how resident (#1) injured himself during an earlier incident. The provider's note stated, "Resident #1 was seen today and was reported by Owner that he has a . . . . in his right area. As per information received by ALF Owner, she believes he sustained a . . , but all staff from the ALF are unaware of this event or did not provide any information regarding it. Participant around 2:40 PM last Sunday . . . . . afternoon when he was going down the stairs to the main 1st floor, he lost his balance and . . on his . . . . . Participant denies hitting his . . or losing his as a result of his . . . ALF Owner, he has been sleeping well and there is not new changes in behaviors or in his . . . . . state." Further review of Resident #1's Primary Care Physician notes dated showed, "Medical follow-up right anterior lower . ., skin , reported by ALF Owner. Patient reports he hit the stairs at the ALF and was noted a redness in the area like five days ago." 2) Interviewed on . . . . . at 5:49 PM, Staff B (Caregiver) stated that he wiped the from the . . . of Resident #1 with the resident's shirt, but did not give the resident first aid. Interviewed on at 12:19 PM, the	A 077		

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A 077	Continued From page 33 Administrator stated that after Resident #1 , no additional training or clarification regarding control or first aid was provided to staff, but a ' kit' was ordered. According to the American Red Cross, "The Personal Version of the Control Kit contains the necessary items to control serious and prevent further loss for a victim suffering a injury". Interviewed on at 5:49 PM regarding whether he provided first aid, Staff B stated that around 3 or 4 AM he heard a big stumble. Staff B (Caregiver) stated, "I went upstairs and found him on the floor. I turned him over. I saw the I took his shirt. And wiped him. I did not think about that (wearing gloves)." Staff B further stated that he did not call him (Administrator) and that he did not come out to the house (facility). Staff B (Caregiver) stated, "I called my wife [Staff C (Caregiver)]. She was at home." Staff B (caregiver) stated that he did not clean up the on the floor and door frame and knob. Staff B stated that his wife (Staff C), when she came in at 7:00 AM on , approximately three hours after Resident #1 was injured, cleaned up the . According to the facility's Control Standard Precautions policy, "Standard precautions are to be used on all residents regardless of their diagnosis or presumed illness, when coming into contact (or risk of contact) with any of the following: (1) , (2) All , , and , except sweat, (3) Open areas of the skin or (4) . The facility will be kept clean on a regular schedule and will be kept free of any object, material or condition that may create a health hazard. When changing gloves, you must wash	A 077		

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A 077	Continued From page 34 your . . . before caring for another resident). Gloves will be worn when changing ˬ or other tasks involving contact with non-intact skin or , . . . care or examination, handling of . . . . or other . . . , . . . specimens, handling soiled ˬ , lines, laundry, or other contaminated materials and for cleaning contaminated surfaces of material." 3) Observation on . . . . . at 9:36 AM revealed only a two-day supply of emergency supplies to include four 18-ounce boxes cereal, and two 8-ounce cans each of chicken broth lasagna, spaghetti and meat balls. Interviewed on . . . . . at 9:36 AM Staff C stated that the Administrator was going to bring food to the facility. Staff C stated further, "I just cleaned out the expired cans yesterday." According to the Florida Disaster database, Hurricane Season is the time of the year when tropical cyclones, tropical , , tropical storms, and hurricanes develop. The Hurricane season will begin on and will end on . . . . . . Class II	A 077		
A 078 SS=G	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	A 078		

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A 078	Continued From page 35 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 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	A 078		

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A 078	Continued From page 36 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 facility failed to ensure that staff were able to exercise their responsibilities, consistent with their qualifications to perform their assigned duties, their level of education, training, preparation, and experience roles relating to resident care. Staff B failed to perform First Aid on Resident #1, who was from the after falling down on the floor. Findings include: A review of Resident #1's progress notes dated showed that staff responded to Resident #1 on the floor from his . First aid was applied and 911 was called. The resident was transported to the emergency department of a local medical center and then was later transferred to a local hospital.	A 078		

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A 078	Continued From page 37 A review of the adverse incident report filed on [redacted] showed, "On [redacted], [Staff B] (caregiver) reported he responded to a sound that came from the direction of [Resident #1]'s bedroom. He immediately checked and found [Resident #1] on the floor outside of his bedroom and next to the bathroom. He observed [redacted] from [Resident #1]'s [redacted]. He rendered first aid in an effort to stop the [redacted]. 911 was called and responded and transported [Resident #1] to [hospital]." During an interview on [redacted] at 12:19 PM, the Administrator stated that after his [redacted] Resident #1 was provided first aid by Staff B and when fire rescue arrived, he walked out with rescue. He further stated all staff received training on how to perform [redacted] and first aid. On [redacted] at 5:49 PM, Staff B (caregiver) stated, "I went upstairs and found him on the floor. I turned him over and saw the [redacted] running from his forehead. I took his shirt and wiped the [redacted]. Then I went downstairs and called 911." He further stated that he allowed Resident #1 to stand up and hold onto the bathroom door for assistance. When asked whether he performed first aid on Resident #1, Staff B stated, "No, within 15 minutes, rescue was there. Rescue assisted." According to the Mayo Clinic for [redacted], the first aid steps are: 1) Call 911 or the local emergency number. 2) Before checking for the source of the [redacted], put on disposable gloves and other personal protective equipment. 3) Remove any clothing or debris from the [redacted]. 4) Help the injured person lie down. 5) Cover the [redacted] with sterile gauze or a clean cloth and press on it	A 078		

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A 078	Continued From page 38 firmly with the palm of the until the stops. In an interview with the facility's APRN (Advance Practice Registered Nurse) on at 2:34 PM, she stated, "[Staff B] called me on around 4 AM. He said he heard a sound and went upstairs and found [Resident #1] down on the floor. He was . [Staff B] used [Resident #1]'s shirt to put pressure to stop the . He then called 911. I told them they needed to be careful with the because [Resident #1] had ." During an interview on at 5:50 PM, when asked if he wore gloves when he wiped Resident #1's , Staff B stated, "No, I did not think about that." A review of Staff B's record showed the and First Aid training was completed on and was valid for two years. A review of the facility's medical emergencies policy showed "in case of a medical emergency, staff will exercise all possible measures to assure that the injured/ill person will receive immediate emergency evaluation and treatment of all medical and dental problems." Class II	A 078		
A 079 SS=H	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week:	A 079		

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A 079	Continued From page 39 Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.	A 079		

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	AL11968250	A. BUILDING: _____ B. WING _____	09/14/2023

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A 079	Continued From page 40 a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least . must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or	A 079		

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A 079	Continued From page 41 arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident	A 079		

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A 079	Continued From page 42 needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate staffing to meet the scheduled and unscheduled needs for 10 (#1, #2, #3, #4, #5, #6, #7, #8, #9, #12) out 10 sampled residents. Staff B (Caregiver) was alone with 10 Residents when Resident #1 , which resulted , , an acute of the left and right /jaw, an acute and a and later . The facility also failed to provide the minimum required 212 Hours/Week for ten (10) residents. Findings: A review from an acute care hospital showed, Resident #1 was found on the floor in a pool of on . According to the hospital records, Resident #1 sustained the following	A 079		

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A 079	Continued From page 43 documented injuries: " , that required ; an Acute of the Left and Right /jaw; an Acute and " Interviewed on at 5:49 PM Staff B (caregiver) stated that he was alone with the 10 residents when Resident #1 . A review of the Staffing Roster for the Month of showed Staff B (Caregiver) as the only employee on schedule for the Night Shift on and no work hours documented. In addition to no work hours documented for Staff B (Caregiver), there were no work hours for Staff B, C, E & G. The facility only had only a total of 36 hours listed on their staffing roster for the week of , well below the minimum required 212 hours for 10 residents. Interviewed on at 5:49 PM Staff B (Caregiver) stated that he called Staff C (Caregiver), who was not on duty and who was at home, for help and she (Staff B) called some else to get help. Observation on at 9:36 AM found a two-story building with two stairs including 15 steps on each stairway that lead to the 2nd floor. Staff B (Caregiver) was on the 1st floor prior to the incident on . According to the Primary Care Physician (PCP) report dated , Resident #1 needed assistance with Ambulation, bathing, eating, self-care, toileting and transferring. However, the health assessment with a completion date of showed Resident #1's activities of daily living as independent in ambulation, eating, , self-care toileting,	A 079		

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A 079	Continued From page 44 and transferring. A review of the facility's records relating to what kind of assistance with activities of daily living residents #1, 2, 3, 4, 5, 6, 7, 8, 9, 12 needed showed: two(#1, #10) residents needed assistance with ambulation, two (#1, #3) with bathing, one (#1) with one (#1) with eating, one (#1) with toileting, one (#1) with self-grooming, and one (#1) with transferring. Residents needing supervision showed the following: one (#8) with ambulation, six with , one (#10) with eating, six (#3, #6, #7, #8, #9, #10) with self-care, four (#6, #7, #8, #10) with toileting, and two (#8, #10) with transferring. Interviewed on at 12:19 PM when asked who was taking care of the other nine other residents while Staff B (Caregiver) was taking care of Resident #1, the Administrator stated that all the residents were asleep> He also stated that he did not come to the facility. Interviewed on at 2:34 PM the Advance Practice Nurse Practitioner (APRN) stated when asked about the possible staffing problem on , "I'm only required to have one employee." A review of the Residents health assessments found Residents #3, #4, #_ #12, #7, #8 & #9 were at risk for and needed supervision and assistance: Resident #3's health assessment dated showed diagnoses in , , mild , major , . Physical or sensory limitations showed patient uses an	A 079		

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A 079	Continued From page 45 assistive device. Resident had a precaution. Activities of daily living showed independent with ambulation, eating, toileting and transferring, and supervision with and self-care and assistance with bathing. Resident #4's health assessment dated showed a diagnoses of type II dependent, , Tobacco use, . Physical or sensory limitations showed patient uses an assistive device as needed. Resident had a precaution. Activities of daily living showed independent in ambulation, bathing, eating, self-care, toileting and transferring. Resident #6's health assessment with a completion date of showed a diagnoses of gallstones , . Activities of daily living showed independent with ambulation, eating, and transferring, but supervision needed with bathing, self-care, and toileting. Resident #12's health assessment with a completion dated showed a diagnoses of s/p treatment, Physical or sensory limitations showed resident Ambulates with walker. Nursing/treatment/ services requirements showed assistance and supervision with ADLS. Activities of daily living showed Resident needed assistance with ambulation and supervision with bathing, , self-grooming and toileting and independent with transferring. Resident #7's health assessment with a	A 079		

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A 079	Continued From page 46 completion date of showed a diagnoses of type 2, Major , and Resident had a precaution. Activities of daily living showed independent in ambulation, eating, and transferring, but supervision needed with bathing, , self-care and toileting. Resident #8's health assessment dated showed a diagnoses of , type 2 . Resident had a precaution. Activities of daily living showed Resident was independent in eating, but needed supervision in ambulation, bathing, , self-care, toileting and transferring. Resident # 9's health assessment with a completion date of showed a diagnoses of , , , . Activities of daily living showed independent in ambulation, eating, toileting and transferring, and supervision needed with bathing, , and self-grooming. Class II	A 079		
A 093 SS=E	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and	A 093		

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A 093	Continued From page 47 Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1	A 093		

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A 093	Continued From page 48 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of [illegible] the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents,	A 093		

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A 093	Continued From page 49 including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observations and record review, the facility failed to follow the posted menu approved by a Registered Dietitian for ten (#2, #3, #4, #5, #6, #7, #8, #9, #10, #11) of ten sampled residents. The facility failed to add a substitution equivalent to or comparable to the nutritional value. The facility failed to maintain a 3-day supply of non-perishable foods that could be stored safely without refrigeration for ten out of ten sampled residents. Findings: 1) Observation on at 9:36 AM found 10 (#2, #3, #4, #5, #6, #7, #8, #9, #10, #11) residents in the facility. The facility had only a two-days supply of emergency supplies to include four 18 oz boxes cereal, and 2 cans each chicken broth lasagna, spaghetti and meat balls. Interviewed on at 9:36AM Staff C (Caregiver) stated that the Administrator was	A 093		

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A 093	Continued From page 50 going to bring food to the facility. Staff C further stated, "I just cleaned out the expired cans yesterday." 2) Observation on . . . . . at 12:00 PM found 8 residents eating grilled cheese on bread, and 2 pieces chopped watermelon and a cup of juice. The posted menu dated listed Soup Du jour (6 oz.), Grilled Cheese (3 oz) on Bread (2 slices), Tomatoes ( ) cup), Fresh Fruit (1), and Fruit or Juice (4 oz). Interviewed on . . . . . at 3:00PM Staff C stated that the residents did not like soup. Interviewed on at 3:00PM the Administrator stated that he purchased emergency food for the house that day (. . . . .). Regarding the soup not being served, the Administrator instructed Staff C to listen. Class III	A 093		
A 152 SS=D	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	A 152		

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A 152	Continued From page 51 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: 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 [illegible] 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 [illegible] This Statute or Rule is not met as evidenced by: Based on observation, and interviews, the facility failed to provide a safe and living environment free of hazard and ensure all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order for 10 (#2, #3, #4, #5, #6, #7, #8, #9, #10, #11) out of 10 sampled residents. Findings:	A 152		

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A 152	Continued From page 52 Observation on . . . . . at 9:36 AM found the following: -Water stains on the kitchen ceiling above the sink and walls, a portion of the ceiling unpainted and several cracks in the drywall. The refrigerator door and sides contained brown, crumbling matter resembling rust. There was a hole in the drywall between the refrigerator and the countertop. The dining table chair ⌄ contained brown, crumbling matter resembling rust, and the wooden table contained scuffs marks on its ⌄ . . Photographic evidence obtained. One of the ceiling light bulbs on the second floor, which provided lighting for one of the stairways appeared blown after the light switch was turned on. Photographic evidence obtained. -Outside in the yard, there were several old buckets, and the grass was uncut. There were several metal storm shutters scattered against the rear wooden fence in an area accessible to residents -The wooden vents in front of the house on the 2nd floor appeared to be hanging. -The bathroom of the 2nd floor did not have a toilet seat. The shower curtain rod contained brown, crumbling matter resembling rust. - . . . through 6 were missing garbage cans. # had missing blinds and a cracked electrical socket including a broken closet door which was leaning against the wall. Interviewed on at 9:36 AM Staff C (Caregiver) stated that the plumber took the toilet seat the day before ( ) and was going	A 152		

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	AL11968250	A. BUILDING: _____ B. WING _____	09/14/2023

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A 152	Continued From page 53 to bring it . . . . Interviewed on . . . . . at 9:45 AM when informed about the water stain and leak in the kitchen, the Administrator stated, "Where"? The Administrator further stated that the plumber was on his way and that the lawn service was on their way to cut the grass. The Administrator stated that the other repairs would be done. A review of the health and safety policy which stated: "The building shall be free of hazards.... The grounds and all buildings on the premises shall be maintained in a safe and sanitary condition." Class III	A 152		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's:	A 160		

Agency for Health Care Administration

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A 160	Continued From page 54 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with [illegible]'s [illegible] or related [illegible], a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule	A 160		

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A 160	Continued From page 55 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C.,	A 160		

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A 160	Continued From page 56 respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain an up-to-date admission/discharge log. Findings include: On at approximately 9:40 AM, observed Resident #10 and #11 both seated in the common area. On at 10:50 AM, Resident #10 stated she arrived at the facility on Monday, [illegible] A review of the facility's admission/discharge log showed that Resident #10 and #11 were not listed. During an interview on at 11 AM, when asked why the facility did not list Resident #10 and #11, the Administrator stated, "They both came last night." Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible] 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number,	A 162		

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A 162	Continued From page 57 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.	A 162		

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A 162	Continued From page 58 (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.	A 162		

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A 162	Continued From page 59 (o) The resident's . . . . . , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain an accurate and complete health assessment for four (#1, #5, #6, #9) of 10 sampled residents. The facility also failed to maintain the records for Resident #12 for two years after discharge. Findings: 1) A review of Resident #1's health assessment dated showed diagnoses of . . . . . ( ), Major	A 162		

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A 162	Continued From page 60 ( ), , , , . Resident was Awake, Alert, and Oriented, times three (AAOX3). Resident #1 needed precautions in place. Resident . . Activities of daily living showed independent in ambulation, eating, , self-care toileting, and transferring. However, the primary care physician notes dated showed Resident #1 needed assistance with all activities of daily. A review of Resident #5's health assessment dated of showed the resident was independent and needed assistance with ambulation and was both independent and needed assistant with transferring showed Resident #5 was independent and needed assistance in the same area. Resident #6's health assessment with a completion date of showed the resident was independent with bathing and needed supervision in bathing. The area of self-care showed the resident was both independent and needed supervision with self-care. In the area of toileting, Resident #6 was both independent with toileting and needed supervision with toileting. A review of Resident #9's health assessment dated showed the area for special precautions was left blank. Interviewed on at 3:00 PM the Administrator stated that he was going to review the heath assessments. A review of the admissions/discharge log showed Resident #12 was admitted on and discharged on .	A 162		

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A 162	Continued From page 61 2) Interviewed on . . . . . at 5:00 PM regarding Resident #12's records, Staff C (Caregiver) stated, "It is not here." Class III	A 162		