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
	AL11942716	A. BUILDING: _____ B. WING _____	C 07/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTCHESTER OF WINTER PARK	558 N. SEMORAN BLVD. WINTER PARK, FL 32792

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A 000	Initial Comments Six (6) Complaint Investigations #2022013933, #2022014022, #2023005499, #2023007022, #2023008887, and #2023009651 was conducted at Westchester of Winter Park Assisted Living Facility with Limited Nursing Services (LNS) on [redacted] and [redacted]. The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is	A 008		

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A 008	Continued From page 1	A 008		

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

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

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

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

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A 008	Continued From page 4 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain an 1823 Health Assessment, AHCA Form completed by the healthcare provider without missing information and omissions for 3 of 9 residents (#2, #3, #6) as required.	A 008		

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A 008	Continued From page 5 Findings: 1. Resident #2's record review revealed an admission date of [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted], and [redacted]. Page 2 section A was not completed which documents the level of care needed for activities of daily living (ADLs). She needs assistance with self-administration of medications. 2. Resident #3's record review revealed an admission date of [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted] and generalized [redacted]. She needs supervision with ambulating, bathing, [redacted], grooming, toileting and transferring in activities of daily living (ADLs). She's independent with eating. Her meal diet order was not marked on page 2, section B. She needs assistance with self-administration of medications. Resident #3 ambulates with a wheelchair. 3. Resident #6's record review revealed an admission date of [redacted] and discharged from the facility on [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted], history of [redacted], and [redacted], old [redacted], Lymphedema, and [redacted]. He needed assistance with activities of daily living (ADLs) of ambulation,	A 008		

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A 008	Continued From page 6 bathing, [redacted], toileting, and supervision with transferring. He's independent with eating and grooming. On page 2, section C the question "any [redacted], 3 or 4, [redacted] ?" was not marked. (Photographic Evidence Obtained) There was no other documented evidence found to clarify the missing information in each of the above 1823 Health Assessments. On [redacted] at 12:45 PM, an interview with the Administrator confirmed the findings. Class III	A 008		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is	A 010		

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A 010	Continued From page 7 designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.	A 010		

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A 010	Continued From page 8 (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to	A 010		

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A 010	Continued From page 9 Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [illegible] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from	A 010		

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A 010	Continued From page 10 the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain a new 1823 Health Assessment AHCA Form completed by the healthcare provider after a significant change as required for 2 of 9 sampled residents (#1, #4). Findings: 1. Resident #1's record review revealed an admission date of [redacted]. The last 1823 Health Assessment dated [redacted] listed medical history of [redacted] type 2, [redacted] and [redacted], retention. She needs assistance with activities of daily living (ADLs) of ambulation, bathing, [redacted], toileting, transferring. She's independent with eating and grooming. She needs assistance with self-administration but can administer own ordered by the physician as of [redacted]. On [redacted], resident #1 was admitted to Hospice care because of poor food and liquid in take. There was no documented evidence that a new 1823 Health Assessment was completed by the healthcare provider for this significant change.	A 010		

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A 010	Continued From page 11 2. Resident #4's record review revealed an admission date of . The last 1823 Health Assessment dated listed medical history of acute risk, Hypetension with ; , , Dyslipidemia, infarct with small isochromatic changes .; hard of hearing with deafness in right , Dual chamber , with compatible, , and , upper , and a , . A physical limit of a shorter right with difficulty balancing and coordination. She needs supervsion with activities of daily living (ADLs) with bathing (shower chair), , and toileting (grab bars) and she's independent with eating, ambulation, grooming and transferring. She needs assistance with self-administration of medications. On and , resident #4 with injuries and had to go the hospital on both days. There was no documented evidence of a new 1823 Health Assessment was completed by the healthcare provider after resident #4 being transferred to a facility (hospital) requiring further acute care for both resulting in injury on or . (Photographic Evidence Obtained) On at 1 PM, an interview with the Administrator confirmed the findings. Class III	A 010		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician	A 025		

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A 025	Continued From page 12 when a resident exhibits signs of [illegible] or [illegible] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [illegible] or [illegible]. 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 [illegible] 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 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	A 025		

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A 025	Continued From page 13 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 facility record review, and interview, the facility failed to maintain written documentation after a significant change and for incident occurrences for 9 of 9 sampled residents (#1, #2, #3, #4, #5, #6, #7, #8, #9) as required. Findings: 1. Resident #1's record review revealed admission date . The last 1823 Health Assessment dated listed medical history of , type 2, , and , retention. She needs assistance with activities of daily living (ADLs) of ambulation, bathing, , toileting, transferring. She's independent with eating and grooming. She needs assistance with self-administration but can administer own ordered by the physician as of . On , resident #1 was admitted to Hospice care because of poor food and liquid intake. On at 9:30 AM, unable to interview resident #1 because she was out of facility with	A 025		

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	AL11942716	A. BUILDING: _____ B. WING _____	C 07/18/2023

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A 025	Continued From page 14 family in Puerto Rico for next two weeks. A facility note dated . . . . . at 6:53 PM by the Administrator documented resident #1 complained of . . . . . and . . . . . requested to go to hospital. Daughter and physician notified. 911 called and transported to hospital. There was no documented evidence of the outcome and no follow-up from this hospitalization. A facility note dated at 1:02 PM by the Administrator, resident #1 continues to have very poor meds by intake. Contacted nurse practitioner and Hospice is here to evaluate resident again due to poor by intake, desire not to be hospitalized. Evaluated by hospice nurse and deemed appropriate for admission at this time. Resident #1 agreed with hospice care and signed all necessary consents. Resident #1 now admitted to Hospice. A facility note dated . . . . . at 3:37 PM by Nurse B documented spoke to Hospice about resident #1's and spoke to her daughter to keep her updated. There was no documented evidence of the . When did this occur and no follow up or outcome. A facility note dated . . . . . at 3:54 PM by Nurse B documented resident #1 was sent to hospital yesterday for possible . . . . per hospice nurse. At this time, she was admitted to the hospital. There was no documented evidence of outcome or follow up from hospitalization for resident #1	A 025		

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A 025	Continued From page 15 and she returned to the facility. On [redacted] at 5 PM, an interview with the Administrator stated that resident #1 was not on hospice care when asked for the interdisciplinary care plan and certification. There was no documented evidence that resident #1 was discharged from hospice care. 2. Resident #2's record review revealed admission date [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted], and [redacted]. The activities of daily living (ADLs) were not completed on page 2, section A. She needs assistance with self-administration of medications. A facility incident dated [redacted] at 3:45 PM reported [redacted] by staff to resident #2 hitting her on right arm while assisting her in the bathroom. There were no facility notes regarding this incident that occurred. On [redacted] at 10:55 AM, an interview with the Administrator stated that resident #2 did not want to cooperate with the investigations when they came to the facility. On [redacted] at 11:20 AM, interview with resident #2 to ask about the incident of the staff hurting her arm. She stated she did not remember this happened. Denied this happen. 3. There was no facility notes or documentation	A 025		

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A 025	Continued From page 16 as to why resident #3 requires so much assistance with activities of daily living (ADLs) for supervision with ambulating, bathing, grooming, toileting and transferring. In further review of the call light times for assistance from call pendent shown that resident #3 called for assistance on 60 occasions and waited for more than an hour. 4. A facility incident on at 8 AM was reported that resident #4 in her apartment's bathroom near the shower. Resident #4 stated that she was rushing to the toilet and slid while losing her balance, falling hitting her . 911 was called and resident #4 was taken to the hospital where she remains at today. There were no facility notes, no update, and no follow up of the outcome of resident #4's injury to the . 5. Resident #5's record review revealed admission date . She was discharged from the assisted living facility on (10 days later) after hospitalization first, then going to a skilled nursing home for complications of a health condition. The 1823 Health Assessment dated listing medical history of type 2, , and . Her physical limits were wasting and atrophy, wheelchair to ambulate and , lack of coordination. On at 10:30 AM, an interview with the Administrator and it was asked to review a copy of a personal item's checklist for resident #5	A 025		

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A 025	Continued From page 17 when she discharged from the facility to ensure that all her personal belongings were returned to the resident or the responsible legal representative. The Administrator answered that she was not the administrator at that time so she could not provide any documentation relevant to resident #5 personal belongings. The facility did not have any documented evidence to confirm resident #5 received her personal belongings when she was discharged from the facility on to a higher level of care. 6. A facility incident on at 5:30 AM was reported that resident #6 had and the left side of his and additionally his 3rd & 4th in left . 911 was called and resident #6's was taken to the hospital. A facility note dated at 8:13 AM by Med Tech A documented "hospital". There was no additional documentation, no update, and no follow up of the outcome of resident #6's injuries and no documentation written when he discharged from the assisted living facility into a skilled nursing home for a higher of level of care. 7. A facility incident on at 9 PM was reported that resident #7 had been found resting on her after falling in the hallway, hitting her , and observed from the of the . 911 was called for resident #7 who was taken to the hospital. A facility note dated at 9:13 PM by Nurse C documented he found resident #7 on the floor in the upstairs hallway lying on her on	A 025		

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A 025	Continued From page 18 right side. She was alert but . She was from the of and stated her hurt. 911 called. Resident #7 did not move; the first responders arrived about 9:30 PM and she was sent to hospital. Notified son leaving a message. There was no facility note that resident #7's physician was notified of this incident. In further review, there was no additional documentation, no update, and no follow up of the outcome of resident #7's injury and no documentation written when she discharged from the assisted living facility into a skilled nursing home for a higher of level of care. 8. Resident #8 had two facility incidents reported for with injury on and below: The 1st facility incident dated on at 6:55 PM reported that resident #8 loss balance trying to ambulate to his recliner chair and in his apartment near his bed. He complained of left and 911 called and he was transported to the hospital. There were no facility notes about resident #8's falling incident and no documentation following up with him while at the hospital and discharged home to the facility. A facility note dated at 11:16 PM by Nurse B documented resident complained about pains, vitals checked and 911 was called to take resident #8 to the hospital. The family was notified, and they would go and meet resident #8 at the hospital. There were no facility notes about when resident	A 025		

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A	Continued From page 19 #8's outcome and when he returned to the facility. A facility note dated . . . . . at 11:24 PM by Nurse B documented resident #8 stated that he called 911 himself because used the call pendent for assistance for about an hour but no one responded to his call. It was determined that the call pendent was not responded to and the aide working did not recognize his call from the beeper. He needed assistance using his . The first responders arrived and assisted him off the floor where he lost balance and trying to transfer from the wheelchair . . . to his bed. There was no documented evidence of a assessment completed and no documentation that the physician was notified. A facility note dated . . . . . at 11:07 PM by Nurse B documented resident #8 was observed laying on the floor in his room with no socks and no shoes on. The wheelchair was turned away from him. He was on his bed trying to get him something to drink and lost his balance. He was assisted off the floor and assessed with no injuries but refusing to be helped up and difficult toward staff asking them to call 911 to assist him up. Resident #8 was yelling at staff with profanities and becoming aggressive, he was redirected not to use those words. The first responders arrived at 9:25 PM and assisted resident #8 from the floor. Family and physician were notified. The remaining of the night, resident #8 was restless, resting and watching TV while talking. There was no documentation that the physician was notified after this 2nd within 2 days. The 2nd facility incident dated on at	A 025		

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A 025	Continued From page 20	A 025		

2:25 PM reported that resident #8 trying to transfer from his wheelchair to his bed and his slid. Resident #8 hit his as a result of this . 911 was called and resident #8 was taken to the hospital.

Resident #8 has had 4 between - (within 2 months interval) without any interventions put in place before the final on resulting a injury.

9. Resident #9's record review revealed admission date . The last 1823 Health Assessment dated listing medical history of unsteadiness on , Aphasia, , , and lack of coordination. He is independent with all his activities of daily living and needs assistance with self-administration of medications.

A facility incident dated at 10:50 AM reported that resident #9 need assistance with his social security payment that he suspects his son was , from him. The police came and investigated his claims.

There were no facility notes or no documented evidence regarding the outcome or follow up from this incident.

A facility note dated at 10:52 AM by Med Tech F documented resident #9 went out with his sister to spend time with family.

There were no facility notes when resident #9 returned to the facility and how long was he out.

On at 5:50 PM, an interview with resident #9 stated that the Administrator helped him figure out how to get his social security

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A 025	Continued From page 21 payments to come directly to him and remove his son from being the representative that was stealing his monthly social security income. He stated that he was happy with the facility and had no complaints. On . . . . . at 4:30 PM, an interview with the Administrator confirmed all the findings. (Photographic Evidence Obtained) Class III	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program,	A 030		

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A 030	Continued From page 22 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; 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	A 030		

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A 030	Continued From page 23 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. (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	A 030		

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A 030	Continued From page 24	A 030		

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 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

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A 030	Continued From page 25 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 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	A 030		

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A 030	Continued From page 26 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; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . , ... or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on facility documentation and interview, the facility failed to ensure that resident #5's personal property such as clothing items were	A 030		

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(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 030	Continued From page 27 returned to her or legal representative when requested, after discharging from the assisted living facility to a skilled nursing home for a higher level of care as required; and {2} the facility failed to answer call lights in an reasonable timely manner, requiring 2 of 9 sampled residents (#3, #8) to wait for assistance for more than one hour. Findings: Resident #5's record review revealed admission date . She was discharged from the assisted living facility on (10 days later) after hospitalization first, then going to a skilled nursing home for complications of a health condition. The 1823 Health Assessment dated listing medical history of type 2, and . Her physical limits were wasting and atrophy, wheelchair to ambulate and , lack of coordination. On at 10:30 AM, an interview with the Administrator and it was asked to review a copy of a personal item's checklist for resident #5 when she discharged from the facility to ensure that all her personal belongings were returned to the resident or the responsible legal representative. The Administrator answered that she was not the administrator at that time so she could not provide any documentation relevant to resident #5 personal belongings. The facility did not have any documented evidence to confirm resident #5 received her personal belongings when she discharged from	A 030		

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	AL11942716	A. BUILDING: _____ B. WING _____	C 07/18/2023

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A 030	Continued From page 28 the facility on [redacted] to a higher level of care. On [redacted] at 3:30 PM, an interview with the Administrator confirmed the finding. 2. Resident #3's record review revealed admission date [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted] and generalized [redacted]. She needs supervision with ambulating, bathing, [redacted], grooming, toileting and transferring in activities of daily living (ADLs). She's independent with eating. She needs assistance with self-administration of medications. Resident #3 ambulates with a wheelchair, and it was observed a ½ rail hospital bed in her room for safety precautions. A facility note dated [redacted] at 10:54 PM by Nurse B documented resident #3 called 911 herself around 6pm without notifying staff. The first responders came because resident #3 stated to them that her needs are not being met and she was having [redacted] spasms. Nurse B walked into resident #3's room and she was sitting in her wheelchair. No signs of stress or resident #3 mentioned any concerns. Resident #3 said she only called the first responders because she did not see anyone to assist her. Vitals checked, offered [redacted] medication, and educated her to use call pendent. In further review of the call lights for assistance from call pendent shown that resident #3 called for assistance on multiple occasions and waited for more than an hour as follows: " [redacted] at 8:57 AM, 1 hour 31 minutes 30 seconds	A 030		

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A 030	Continued From page 29 " . . . . . at 6:27 PM, 1 hour 12 minutes 17 seconds " . . . . . at 1:49 PM, 1 hour 12 minutes 57 seconds " . . . . . at 6:26 AM, 4 hours 3 minutes 9 seconds " . . . . . at 1:08 PM, 1 hour 34 minutes 47 seconds " . . . . . at 11:33 AM, 1 hour 15 minutes 10 seconds " . . . . . at 8:35 AM, 2 hours 6 minutes 54 seconds " . . . . . at 8:21 AM, 1 hour 2 minutes 23 seconds " . . . . . at 5:46 PM, 1 hour 6 minutes 14 seconds " . . . . . at 4:04 PM, 1 hour 13 minutes 40 seconds " . . . . . at 8:20 AM, 1 hour 1 minute 5 seconds " . . . . . at 6:03 PM, 1 hour 37 minutes 32 seconds " . . . . . at 3:19 PM, 2 hours 35 minutes 2 seconds " . . . . . at 1:41 PM, 1 hour 3 minutes 45 seconds " . . . . . at 5:39 PM, 1 hour 20 minutes 56 seconds " . . . . . at 2:29 PM, 1 hour 4 minutes 22 seconds " . . . . . at 5:18 AM, 1 hour 25 minutes 22 seconds " . . . . . at 6:02 PM, 2 hours 23 minutes " at 1:37 PM, 1 hour 17 minutes 7 seconds " at 8:59 AM, 1 hour 51 minutes 34 seconds " at 9:42 AM, 1 hour 46 minutes 42 seconds " at 6:10 PM, 1 hour 15 minutes 9	A 030		

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A 030	Continued From page 30	A 030		

seconds
" at 8:34 PM, 1 hour 16 minutes 36
seconds
" at 2:23 PM, 1 hour 11 minutes 47
seconds
" at 9:41 AM, 1 hour 6 minutes 53
seconds
" at 2:56 PM, 1 hour 7 minutes 36
seconds
" at 6:10 PM, 1 hour 31 minutes 16
seconds
" at 9:07 AM, 1 hour 9 minutes 50
seconds
" at 9 AM, 1 hour 21 minutes 45
seconds
" at 4:18 PM, 1 hour 21 minutes 47
seconds
" at 10:16 AM, 1 hour 44 minutes
" at 12:31 PM, 1 hour 46 minutes 1
seconds
" at 7:22 PM, 1 hour 49 minutes 49
seconds
" at 3:55 PM, 1 hour 56 minutes 8
seconds
" at 12:55 PM, 1 hour 42 minutes 53
seconds
" at 7:02 AM, 4 hours 42 minutes 23
seconds
" at 6:53 PM, 2 hours 35 minutes 4
seconds
" at 5:10 PM, 1 hour 3 minutes 43
seconds
" at 2:12 PM, 1 hour 9 minutes 57
seconds

(Photographic Evidence Obtained)

On at 12:20 PM, an interview with resident #3 asking about her consumable supplies (adult diapers) availability

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A 030	Continued From page 31 and storage. Resident #3 stated that she had no concerns that a few months ago she asked a staff to bring her a diaper to change herself because she had run out. The diapers were delivered the next day. Observed 2 packs of 15 adult diapers stored near her bed on the counter table. Resident #3 stated that she can put them on herself and go to the bathroom herself, this is just when she is feeling weak and not feeling well, they help for her not to get up to go to the bathroom. Resident #3 ambulates herself via wheelchair. It was asked to resident #3 if she was going downstairs to eat lunch in dining room today? She answered no that she was not feeling well. I asked Med Tech E at 12:35 PM to order her lunch as room service. Med Tech E asked resident #3 what was wrong? Resident #3 answered she was not feeling well today and wanted her lunch delivered to her room. On . ..... at 12:45 PM, confirmed with the Food Manager if resident #3's room service lunch on the cart to be delivered to her observed. He showed me resident #3's wrapped lunch meal order on the cart going up now. On at 1 PM, an interview with Med Tech E she was asked if resident #3 asked her to get some adult diapers and she told resident #3 it will be a while. Med Tech E denied this claim. She said that she always assists and helps resident #3 whenever she calls for help and they have extra adult diaper supplies if resident #3 runs out of her own. 2. Resident #8's record review revealed admission date . The last 1823 Health Assessment dated ..... listed medical history of left , of ,	A 030		

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A 030	Continued From page 32	A 030		

, Pancytopenia, ,
Detachment, and
. He was independent with all activities of daily living (ADLs) except supervision with bathing. He needs assistance with self-administration of medications.

During the call light response review, resident #8 was also identified as waiting for more than one hour for assistance below:

" at 10:11 AM, 3 hours 9 minutes 20 seconds
" at 9:19 AM, 1 hour 56 minutes 17 seconds
" at 12:19 PM, 1 hour 57 minutes 49 seconds
" at 1:21 PM, 1 hour 22 minutes 19 seconds
" at 3:52 PM, 1 hour 27 minutes 52 seconds
" at 10:47 AM, 1 hour 17 minutes 53 seconds
" at 4:22 PM, 1 hour 13 minutes 38 seconds
" at 9:41 AM, 2 hours 32 minutes 43 seconds
" at 8:07 PM, 1 hour 5 minutes 33 seconds
" at 3:56 PM, 1 hour 55 minutes 4 seconds

A facility note dated at 11:24 PM by Nurse B documented resident #8 stated that he called 911 himself because he used the call pendent for assistance for about an hour, but no one responded to his call. It was determined that the call pendent was not responded to and the aide working did not recognize his call from the

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A 030	Continued From page 33 beeper. He needed assistance using his . . . . The first responders arrived and assisted him off the floor where he lost balance and . trying to transfer from the wheelchair to his bed. (Photographic Evidence Obtained) On . . . . . at 11:45 AM, an interview with the Administrator about the long wait times for call pendent request. She could not provide any answer to why the wait times were long. She stated that she was not aware and that she was new to this position, cleaning up, getting things in order. In addition, the administrator informed me that she was unable to retrieve the call light reports for , . . . and , . . , because the system removes prior months and only saves up to 30 days of the day. The administrator could not retrieve any call lights reports before . On at 1 PM, a review of the staff work schedule the facility meets the minimum requirement of 539 hours weekly for a census of 90 residents in the building. The work schedule includes a nurse working each shift 24 hours daily. Class III	A 030		
A 033 SS=D	59A-36.007(8) PHYSICAL . . (8) PHYSICAL . . . . Residents for whom a physician has prescribed a physical . . . . must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify:	A 033		

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A 033	Continued From page 34 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the [redacted] applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of [redacted], or decline in mobility or function related to the use of the prescribed [redacted]. (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical [redacted] annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical [redacted] and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on resident record review and interview, the facility failed to obtain documentation from the physician prescribing a half rail hospital bed (physical [redacted]) for safety concerns for 1 of 9 residents (#3) within 14 days prior to the device being used on the resident as required. Findings: Resident #3's record review revealed an admission date of [redacted]. The 1823 Health Assessment dated [redacted] listed medical history of [redacted] and generalized [redacted]. She needs supervision with ambulating, bathing, [redacted], grooming, toileting and transferring in activities of daily living (ADLs). She's independent with eating. Her meal diet order was not marked on page 2, section B. She needs assistance with self-administration of	A 033		

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A 033	Continued From page 35 medications. Resident #3 ambulates with a wheelchair. Resident #3 was not on Hospice care. There was no documented care plan or no order by the physician to specify why the device is prescribed for usage, maximum amount of time resident #3 will use the . . . . . every day, the manner the facility staff will monitor to ensure the device is used appropriate and safely, and an annual review by the physician for continued use. On at 4 PM, an interview with the Administrator confirmed the finding. Class III	A 033		