

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967351</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/05/2023</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TORIA'S ASSISTED LIVING FACILITY I**

**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| CZ814                    | <p>435.12(2)(b-d), FS Background Screening Clearinghouse</p> <p>435.12 Care Provider Background Screening Clearinghouse.-</p> <p>(2)(b) Until such time as the _____ are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency.</p> <p>(c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days.</p> <p>(d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to maintain the employment status of employees within the facility's background screening clearinghouse employee roster for two</p> | CZ814               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| CZ814                    | Continued From page 1<br><br>former employees (Staff D and Staff F) and one current employee (Assistant Administrator) of nine current and former sampled employees.<br><br>Findings Included:<br><br>A review of the facility's background clearinghouse employee roster, conducted on _____, revealed that former employees Staff D and Staff F continued to be listed as current employees of the facility and the Assistant Administrator was not listed as an employee. Staff D was hired on _____ Staff F was hired on _____.<br><br>During an interview with Staff C, conducted on _____ at 10:55am, Staff C stated that herself, the Administrator, the Assistant Administrator, and Staff B were the only employees employed at the facility. Staff C stated that the Administrator and the Assistant Administrator were two separate people and had similar names. At 11:39am, Staff C stated that Staff D and F had not been employees at the facility in a long time.<br><br>During a telephone interview with the Assistant Administrator, conducted on _____ at 01:55pm, the Assistant Administrator stated that Staff D and Staff F were no longer employed at the facility. The Administrator and Assistant Administrator were not present during the survey and were unable to provide any other documents.<br><br>Unclassified | CZ814               |                                                                                                                          |                          |
| CZ815                    | 408.809(1)( ); 435.02(2); 435.06 FS<br>Background Screening; Prohibited Offenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CZ815               |                                                                                                                          |                          |

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| CZ815                    | <p>Continued From page 2</p> <p>408.809 Background screening; prohibited offenses.-</p> <p>(1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435:</p> <p>(a) The licensee, if an individual.</p> <p>(b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider.</p> <p>(c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider.</p> <p>(d) Any person who is a controlling interest.</p> <p>(e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, _____ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or _____ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee.</p> <p>(3) All _____ must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person</p> | CZ815               |                                                                                                                          |                          |

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| CZ815                    | <p>Continued From page 3</p> <p>named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.</p> <p>(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:</p> <p>(a) Any authorizing statutes, if the offense was a felony.</p> <p>(b) This chapter, if the offense was a felony.</p> <p>(c) Section 409.920, relating to Medicaid provider fraud.</p> <p>(d) Section 409.9201, relating to Medicaid fraud.</p> <p>(e) Section 741.28, relating to domestic violence.</p> <p>(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.</p> <p>(g) Section 784.03, relating to battery, if the victim is a _____ adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.</p> <p>(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.</p> <p>(i) Section 817.234, relating to false and fraudulent insurance claims.</p> <p>(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.</p> <p>(k) Section 817.50, relating to fraudulently obtaining goods or services from a health care</p> | CZ815               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TORIA'S ASSISTED LIVING FACILITY I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2073 BALFOUR CIRCLE<br/>TAMPA, FL 33619</b>                                  |                          |                                                        |
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| CZ815                                                                         | Continued From page 4<br><br>provider.<br>(l) Section 817.505, relating to patient brokering.<br>(m) Section 817.568, relating to criminal use of<br>personal identification information.<br>(n) Section 817.60, relating to obtaining a credit<br>card through fraudulent means.<br>(o) Section 817.61, relating to fraudulent use of<br>credit cards, if the offense was a felony.<br>(p) Section 831.01, relating to forgery.<br>(q) Section 831.02, relating to uttering forged<br>instruments.<br>(r) Section 831.07, relating to forging bank bills,<br>checks, drafts, or promissory notes.<br>(s) Section 831.09, relating to uttering forged<br>bank bills, checks, drafts, or promissory notes.<br>(t) Section 831.30, relating to fraud in obtaining<br>medicinal drugs.<br>(u) Section 831.31, relating to the sale,<br>manufacture, delivery, or possession with the<br>intent to sell, manufacture, or deliver any<br>counterfeit controlled substance, if the offense<br>was a felony.<br>(v) Section 895.03, relating to racketeering and<br>collection of unlawful debts.<br>(w) Section 896.101, relating to the Florida Money<br>Laundering Act.<br>If, upon rescreening, a person who is currently<br>employed or _____ with a licensee and was<br>screened and qualified under s. 435.04 has a<br>disqualifying offense that was not a disqualifying<br>offense at the time of the last screening, but is a<br>current disqualifying offense and was committed<br>before the last screening, he or she may apply for<br>an exemption from the appropriate licensing<br>agency and, if agreed to by the employer, may<br>continue to perform his or her duties until the<br>licensing agency renders a decision on the<br>application for exemption if the person is eligible<br>to apply for an exemption and the exemption | CZ815                                                                          |                                                                                                                          |                          |                                                        |

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| CZ815                    | <p>Continued From page 5</p> <p>request is received by the agency no later than 30 days after receipt of the rescreening results by the person.</p> <p>(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.</p> <p>(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:</p> <ol style="list-style-type: none"> <li>1. Does not have an active professional license or certification from the Department of Health; or</li> <li>2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.</li> </ol> <p>(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.</p> <p>(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining _____ pursuant to s.</p> | CZ815               |                                                                                                                          |                          |

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| CZ815                                                                         | Continued From page 6<br><br>943.05(2).<br><br>(8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency.<br><br>435.06 Exclusion from employment.-<br>(1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity.<br>(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any _____ person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any _____ person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency | CZ815                                                                          |                                                                                                                          |                          |                                                        |

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| CZ815                    | Continued From page 7<br><br>as provided under s. 435.07.<br>(b) If an employer becomes aware that an employee has been _____ for a disqualifying offense, the employer must remove the employee from contact with any _____ person that places the employee in a role that requires background screening until the _____ is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.<br>(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.<br>(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with _____ persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.<br>(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including _____ if required, must be disqualified for employment in such position or, if employed, must be dismissed.<br>(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or _____ for a disqualifying offense listed under this chapter, terminates the person against whom the report | CZ815               |                                                                                                                          |                          |

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| CZ815                    | <p>Continued From page 8</p> <p>was issued or who was . . . . ., regardless of whether or not that person has filed for an exemption pursuant to this chapter.</p> <p>435.02 Definitions.-For the purposes of this chapter, the term:</p> <p>(2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all employees had an eligible level-II background screening every five years as required for two employees (Administrator and Staff C) of six sampled employees.</p> <p>Findings Included:</p> <p>A record review for the Administrator conducted on . . . . ., revealed that the Administrator's last eligible level-II background was dated . . . . . The Administrator was hired on . . . . .</p> <p>A record review for Staff C conducted on . . . . ., revealed that Staff C's last eligible level-II background was dated . . . . . Staff C was hired on . . . . .</p> <p>During an interview with Staff C conducted on . . . . . at 1:30pm, Staff C stated that the employee records were the employee records for the Administrator and Staff C and there were no other documents for the employees.</p> <p>During a telephone interview with the Assistant Administrator conducted on . . . . . at 01:55pm, the Assistant Administrator stated that</p> | CZ815               |                                                                                                                          |                          |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TORIA'S ASSISTED LIVING FACILITY I**

**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| CZ815                    | Continued From page 9<br><br>she was unable to come to the facility and that the Administrator and Staff C's eligible background screening were probably at the office. The Administrator and Assistant Administrator were not present during the survey and were unable to provide any other documents.<br><br>(Photographic evidence obtained)<br><br>Unclassified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CZ815               |                                                                                                                          |                          |
| CZ816                    | 408.809(2) 435.05(2) 59A-35.090(2d-3b)<br>Background Screening-Compliance Attestation<br><br>408.809 Background screening; prohibited offenses.-<br>(2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print _____ notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record | CZ816               |                                                                                                                          |                          |

Agency for Health Care Administration

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| CZ816                    | <p>Continued From page 10</p> <p>check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:</p> <p>(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;</p> <p>(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and</p> <p>(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.</p> <p>435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:</p> <p>(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying</p> | CZ816               |                                                                                                                          |                          |

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| CZ816                    | <p>Continued From page 11</p> <p>offenses while employed by the employer.</p> <p>59A-35.090 Background Screening.<br/>(2) Processing Screening Requests, Required Documents and Fees.<br/>(d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-09106">http://www.flrules.org/Gateway/reference.asp?No=Ref-09106</a>, and available from the Agency for Health Care Administration at: <a href="http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtm">http://ahca.myflorida.com/MCHQ/Central_Service/s/Background_Screening/Regulations_Forms.shtm</a>. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense.<br/>(e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position.<br/>(3) Results of Screening and Notification.<br/>(a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: <a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">apps.ahca.myflorida.com/SingleSignOnPortal</a>.<br/>(b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the _____ report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by</p> | CZ816               |                                                                                                                          |                          |

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| CZ816                    | <p>Continued From page 12</p> <p>regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to obtain a signed attestation of compliance every five years for background screening standards for one employee (Staff C) of three sampled employees.</p> <p>Findings Included:</p> <p>A review of Staff C's employee record, conducted on _____, revealed that Staff C's employee record had an attestation of compliance signed by the employee on _____. Staff C was hired on _____.</p> <p>During an interview with Staff C, conducted on _____ at 01:30pm, Staff C stated that the employee records were the employee records for the Administrator and Staff C and there were no other documents for the employees.</p> <p>During a telephone interview with the Assistant Administrator, conducted on _____ at 01:55pm, the Assistant Administrator stated that she was unable to come to the facility and that Staff C's signed attestation of compliance was probably at the office. The Administrator and Assistant Administrator were not present during the survey and were unable to provide any other documents.</p> <p>Unclassified</p> | CZ816               |                                                                                                                          |                          |

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| A 000                    | Initial Comments<br><br>A complaint investigation (complaint number: 2023011982) and a generator monitoring were conducted at Toria's Assisted Living Facility I on . Deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 000               |                                                                                                                          |                          |
| A 008<br>SS=D            | 429.26( ) FS: 59A-36.006(2) FAC Admissions - Health Assessment<br><br>429.26<br>(5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the | A 008               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 008                    | <p>Continued From page 14</p> <p>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.</p> <p>(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 which would help the administrator meet his or</p> | A 008               |                                                                                                                          |                          |

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| A 008                    | <p>Continued From page 15</p> <p>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.</p> <p>59A-36.006</p> <p>(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.</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,</li> <li>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,</li> <li>3. Any nursing or _____ services required by the individual,</li> <li>4. Any special diet required by the individual,</li> <li>5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,</li> <li>6. Whether the individual has signs or symptoms of _____ or any other communicable _____, which are likely to be transmitted to other residents or staff,</li> </ol> | A 008               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 008                                                                         | <p>Continued From page 16</p> <p>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,</p> <p>8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.</p> <p>(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: <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-13531">http://www.flrules.org/Gateway/reference.asp?No=Ref-13531</a>. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.</p> <p>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.</p> <p>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.</p> <p>(c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded</p> | A 008                                                                          |                                                                                                                          |                          |                                                        |

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**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 008                    | <p>Continued From page 17</p> <p>on AHCA Form 1823 described in paragraph (b).<br/>(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.<br/>(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 _____.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure that residents' Resident Health Assessment for Assisted Living Facilities were updated upon admission and every three years or with a change of condition for three Residents (#2, #3, and #4) of three sampled residents.</p> | A 008               |                                                                                                                          |                          |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967351</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/05/2023</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TORIA'S ASSISTED LIVING FACILITY I**

**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

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| A 008                    | <p>Continued From page 18</p> <p>Findings Include:</p> <p>A record review for Resident #2, conducted on _____, revealed that Resident #2 was admitted to the facility on _____. Resident #2's health assessment form dated _____.</p> <p>A record review for Resident #3, conducted on _____, revealed that Resident #3 was admitted to the facility on _____. Resident #3's health assessment form dated _____. There were two incidents of elopements documented on _____ and _____. Resident #3's health assessment form noted that the resident was not at risk for elopements. Resident #3's health assessment form did not note the type of assistance that the resident required for medication administration.</p> <p>A record review for Resident #4, conducted on _____, revealed that Resident #4 was admitted to the facility on _____. Resident #4's health assessment form dated _____.</p> <p>During an interview with Staff C, conducted on _____, Staff C stated that the resident records provided were the resident records for Residents #2, #3, and #4 and there were no other documents for the residents.</p> <p>During a telephone interview with the Assistant Administrator, conducted on _____ at 01:50pm, the Assistant Administrator stated that she was unable to come to the facility and that Residents #2, #3, and #4 probably had updated health assessment forms at the office. The Administrator and Assistant Administrator were not present during the survey and were unable to provide any other documents.</p> | A 008               |                                                                                                                          |                          |

Agency for Health Care Administration

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TAMPA, FL 33619**

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| A 008                    | Continued From page 19<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A 008               |                                                                                                                          |                          |
| A 032<br>SS=D            | <p>59A-36.007(7) FAC Resident Care - Elopement Standards</p> <p>59A-36.007<br/>(7) ELOPEMENT STANDARDS.</p> <p>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.</p> <p>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.</p> <p>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to</p> | A 032               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TORIA'S ASSISTED LIVING FACILITY I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2073 BALFOUR CIRCLE<br/>TAMPA, FL 33619</b>                                  |                          |                                                        |
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| A 032                                                                         | <p>Continued From page 20</p> <p>admission. The photo identification may be provided by the facility, the resident, or the resident's representative.</p> <p>(b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:</p> <ol style="list-style-type: none"> <li>1. An immediate search of the facility and premises,</li> <li>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,</li> <li>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,</li> <li>4. The continued care of all residents within the facility in the event of an elopement.</li> </ol> <p>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to develop a detailed resident elopement response policy and procedures that included at a minimum an immediate search of the facility and premises, the identification of staff responsible for implementing each part of the elopement response policy and procedures and specific duties and responsibilities, and the identification of the staff responsible for contacting law enforcement, the resident's responsible party, the case manager, and the State Agencies.</p> | A 032                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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**TORIA'S ASSISTED LIVING FACILITY I**

**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

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| A 032                    | <p>Continued From page 21</p> <p>Additionally, the facility failed to ensure that one employee (Staff C) of one sampled employee were aware of three Residents (#2, #3, and #4) were at risk for elopements.</p> <p>Furthermore, the facility failed to conduct elopement drills at least twice per year to include all direct care staff and administration.</p> <p>Findings Included:</p> <p>A record review for Resident #2, conducted on _____, revealed that Resident #2 was admitted to the facility on _____. According to Resident #2's health assessment form dated _____, the resident was assessed as at risk for elopement. There was no photograph of Resident #2 in the resident's record.</p> <p>A record review for Resident #3, conducted on _____, revealed that Resident #3 was admitted to the facility on _____. According to Resident #3's health assessment form dated _____, the resident was assessed as not at risk for elopement. It was noted in Resident #3's record that the resident eloped from the facility on _____ when the resident jumped the gate and on _____ when he went through his bedroom window and left the facility. There was no photograph of Resident #3 in the resident's record.</p> <p>A record review for Resident #4, conducted on _____, revealed that Resident #4 was admitted to the facility on _____. According to Resident #4's health assessment form dated _____, the resident was assessed as at risk for elopement. There was no photograph of Resident #4 in the resident's record.</p> | A 032               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 032                    | Continued From page 22<br><br>During an attempt to review the facility's<br>elopement policy and procedures, conducted on<br>, none were provided.<br><br>During an attempt to review the facility's<br>elopement drills, conducted on _____, none<br>were provided.<br><br>During an interview with Staff C, conducted on<br>_____ at 01:21pm, Staff C stated that none<br>of the three in-house residents were at risk for<br>elopements.<br><br>During a telephone interview with the Assistant<br>Administrator, conducted on _____ at<br>01:49pm, the Assistant Administrator agreed that<br>Resident #3's two incidents of leaving the facility<br>were elopements. The Administrator and<br>Assistant Administrator were not present during<br>the survey and were unable to provide any other<br>documents.<br><br>Class III | A 032               |                                                                                                                          |                          |
| A 078<br>SS=D            | 59A-36.010(2) FAC Staffing Standards - Staff<br>(2) STAFF.<br>(a) Within 30 days after beginning employment,<br>newly hired staff must submit a written statement<br>from a health care provider documenting that the<br>individual does not have any signs or symptoms<br>of communicable disease. The examination<br>performed by the health care provider must have<br>been conducted no earlier than 6 months before<br>submission of the statement. Newly hired staff<br>does not include an employee transferring without<br>a break in service from one facility to another<br>when the facility is under the same management                                                                                                                                                                                                 | A 078               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 078                    | <p>Continued From page 23</p> <p>or ownership.</p> <p>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 _____</p> <p>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 _____</p> <p>(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.</p> <p>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.</p> <p>(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 _____</p> | A 078               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 078                    | <p>Continued From page 24</p> <p>specifically describe the services the staffing agency or contractor will provide to residents.</p> <p>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:</p> <ol style="list-style-type: none"> <li>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,</li> <li>2. Maintain time sheets for all staff.</li> </ol> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to obtain evidence that employees were free from ( ) annually from a health care provider for two employees (Administrator and Staff B) of two sampled employees.</p> <p>Findings Included:</p> <p>A record review for the Administrator, conducted on , revealed that the Administrator's last negative was dated and . The Administrator was hired on .</p> <p>A record review for Staff B, conducted on , revealed that Staff B did not have evidence that the employee was free from . Staff B was hired on .</p> <p>During an interview with Staff C, conducted on at 01:30pm, Staff C stated that the employee records were the employee records for the Administrator and Staff B and there were no other documents for the employees.</p> <p>During a telephone interview with the Assistant</p> | A 078               |                                                                                                                          |                          |

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| A 078                    | Continued From page 25<br><br>Administrator, conducted on ..... at<br>01:55pm, the Assistant Administrator stated that<br>she was unable to come to the facility and that<br>the Administrator and Staff B's ..... document was<br>probably at the office. The Administrator and<br>Assistant Administrator were not present during<br>the survey and were unable to provide any other<br>documents.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A 078               |                                                                                                                          |                          |
| A 079<br>SS=D            | 59A-36.010(3) FAC Staffing Standards - Levels<br><br>(3) STAFFING STANDARDS.<br>(a) Minimum staffing:<br>1. Facilities must maintain the following minimum<br>staff hours per week:<br><br>Number of Residents, Day Care Participants, and<br>Respite Care Residents      Staff Hours/Week<br>0-5      168<br><br>16-25      212<br>26-35      253<br>36-45      294<br>46-55      335<br>56-65      375<br>66-75      416<br>76-85      457<br>86-95      498<br>86-95      539<br><br>For every 20 total combined residents, day care<br>participants, and respite care residents over 95<br>add 42 staff hours per week.<br>2. Independent living residents, as referenced in<br>subsection 59A-36.015(3), F.A.C., who occupy<br>beds included within the licensed capacity of an<br>assisted living facility but do not receive personal,<br>limited nursing, or extended congregate care | A 079               |                                                                                                                          |                          |

Agency for Health Care Administration

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**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 079                    | Continued From page 26<br><br>services, are not counted as residents for purposes of computing minimum staff hours.<br>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.<br>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.<br>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.<br>a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.<br>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 _____.<br>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.<br>7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food | A 079               |                                                                                                                          |                          |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967351</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/05/2023</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TORIA'S ASSISTED LIVING FACILITY I**

**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

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| A 079                    | <p>Continued From page 27</p> <p>preparation do not count towards meeting the minimum staffing hours requirement.</p> <p>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.</p> <p>9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.</p> <p>(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 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.</p> <p>(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.</p> <p>(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'</p> | A 079               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 079                    | <p>Continued From page 28</p> <p>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.</p> <p>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 needs.</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility</p> | A 079               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 079                    | <p>Continued From page 29</p> <p>failed to maintain written work schedules that reflected the facility's twenty-four-hour staffing pattern. Furthermore, the facility failed to meet the minimum required staffing levels for resident census.</p> <p>Findings Included:</p> <p>A review of the staffing schedule, conducted on _____, revealed that the staffing schedule was dated from _____ through _____. The staffing levels provided by the facility from _____ through _____ was 140-direct care staffing hours.</p> <p>A review of the resident list, conducted on _____, revealed that there were three in-house residents admitted to the facility.</p> <p>A review of the facility licensed capacity, conducted on _____, revealed that the facility was licensed for a maximum of seven residents.</p> <p>A review of the admission and discharge log, conducted on _____, revealed that the admission and discharge log was not up to date and listed nineteen residents as in-house.</p> <p>A review of the minimum required staffing levels, conducted on _____, revealed that the minimum required staffing levels for a census of one to six residents was 168-direct care staffing hours. The minimum required staffing levels for a census of seven residents was 212-direct care staffing hours.</p> <p>During a request for the current staffing schedule and interview with Staff C (an unlicensed Medication Technician), conducted on _____</p> | A 079               |                                                                                                                          |                          |

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| A 079                    | Continued From page 30<br><br>at 09:45am, 11:15am, and 12:15pm, the current staffing schedule was not provided by the end of survey at 02:00pm.<br><br>During a telephone interview with the Assistant Administrator, conducted on _____ at 01:55pm, the Assistant Administrator was not aware that the facility was not meeting the minimum required staffing levels. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation.<br><br>(Photographic evidence obtained)<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                     | A 079               |                                                                                                                          |                          |
| A 083<br>SS=D            | 59A-36.011(5) FAC Training - First Aid and<br><br>(5) FIRST AID AND<br>_____. 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.<br>(a) Documentation that the staff member possess current _____ certification that requires the student to demonstrate, in person, that he or she is able to perform _____ and which is issued by an instructor or training provider that is approved to provide _____ training by the American Red Cross, the American _____ Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement.<br>(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently | A 083               |                                                                                                                          |                          |

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| A 083                    | <p>Continued From page 31</p> <p>certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview, the facility failed to provide staff on each shift with training in _____ ( _____ ).</p> <p>Findings Included:</p> <p>An employee record review for the Administrator, conducted on _____, revealed that the Administrator's _____ certification expired on _____. The Administrator was hired on _____.</p> <p>An employee record review for Staff B, conducted on _____, revealed that Staff B's _____ certification expired on _____. Staff B was hired on _____.</p> <p>During a request for the current staffing schedule with Staff C, conducted on _____ at 09:45am, 11:15am, and 12:15pm, the staffing schedule was not provided. Staff C provided the staff schedule dated _____ through _____.</p> <p>A review of the staffing schedule that was provided by Staff C, conducted on _____, revealed that during the days from _____ through _____ Staff B worked from _____ through _____, _____ through _____, and _____ through _____ on the 09:00pm through 09:00am shift without any other staff on duty.</p> <p>During an interview with Staff C, conducted on _____</p> | A 083               |                                                                                                                          |                          |

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| A 083                    | Continued From page 32<br><br>..... at 01:30pm, Staff C stated that the staffing schedule from ..... through ..... was the only staffing schedule. Staff C stated that the employee records were the employee records for the Administrator and Staff B and there were no other documents for the employees.<br><br>During a telephone interview with the Assistant Administrator, conducted on ..... at 01:55pm, the Assistant Administrator stated that she was unable to come to the facility and that the documents were probably at the office. The Administrator and Assistant Administrator were not present during the survey and were unable to provide any other documents.<br><br>Class III                                                                                                                | A 083               |                                                                                                                          |                          |
| A 084<br>SS=D            | 59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria:<br>(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication | A 084               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TORIA'S ASSISTED LIVING FACILITY I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2073 BALFOUR CIRCLE<br/>TAMPA, FL 33619</b>                                  |  |                                                        |
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| A 084                                                                         | <p>Continued From page 33</p> <p>including how to read a prescription label;<br/>providing the right medications to the right<br/>resident; common medications; the importance of<br/>taking medications as prescribed; recognition of<br/>side effects and adverse reactions and<br/>procedures to follow when residents appear to be<br/>experiencing side effects and adverse reactions;<br/>documentation and record keeping; and<br/>medication storage and disposal. Training shall<br/>include demonstrations of proper techniques,<br/>including techniques for _____ control, and<br/>ensure unlicensed staff have adequately<br/>demonstrated that they have acquired the skills<br/>necessary to provide such assistance.</p> <p>(b) The training must be provided by a registered<br/>nurse or licensed pharmacist who shall issue a<br/>training certificate to a trainee who demonstrates,<br/>in person and both physically and verbally, the<br/>ability to:</p> <ol style="list-style-type: none"> <li>1. Read and understand a prescription label;</li> <li>2. Provide assistance with self-administration in<br/>accordance with section 429.256, F.S., and rule<br/>59A-36.008, F.A.C., including:               <ol style="list-style-type: none"> <li>a. Assist with oral dosage forms, _____, dosage<br/>forms, and _____ and _____<br/>dosage forms;</li> <li>b. Measure liquid medications, break scored<br/>tablets, and crush tablets in accordance with<br/>prescription directions;</li> <li>c. Recognize the need to obtain clarification of an<br/>"as needed" prescription order;</li> <li>d. Recognize a medication order which requires<br/>judgment or discretion, and to advise the<br/>resident, resident's health care provider or facility<br/>employer of inability to assist in the administration<br/>of such orders;</li> <li>e. Complete a medication observation record;</li> <li>f. Retrieve and store medication;</li> <li>g. Recognize the general signs of adverse</li> </ol> </li> </ol> | A 084                                                                          |                                                                                                                          |  |                                                        |

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| A 084                    | Continued From page 34<br><br>reactions to medications and report such reactions;<br>h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;<br>i. Assist with _____;<br>j. Use a _____ to perform _____ testing;<br>k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels;<br>l. Apply and remove _____ stockings and hosiery;<br>m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and,<br>n. Measurement of _____ rate, temperature, and _____ rate.<br>(c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.<br>(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training | A 084               |                                                                                                                          |                          |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967351</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/05/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TORIA'S ASSISTED LIVING FACILITY I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2073 BALFOUR CIRCLE<br/>TAMPA, FL 33619</b>                                  |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 084                                                                         | <p>Continued From page 35</p> <p>that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.</p> <p>429.52</p> <p>(6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that employees assisting residents with medications had the required two-hours annual update training for assistance with self-administration of medications for two unlicensed Medication Technicians (Staff B and C) of two sampled employees.</p> <p>Findings Included:</p> <p>An employee record review for Staff B, conducted on _____, revealed that Staff B had a six-hour training certificate for assistance with self-administration of medications dated _____. There was no 2-hours training updates in Staff B's employee record. Staff B was hired on _____.</p> <p>An employee record review for Staff C, conducted on _____, revealed that Staff C had a six-hour training certificate for assistance with self-administration of medications dated _____.</p> | A 084                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11967351</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/05/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TORIA'S ASSISTED LIVING FACILITY I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2073 BALFOUR CIRCLE<br/>TAMPA, FL 33619</b>                                  |                          |                                                        |
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| A 084                                                                         | Continued From page 36<br><br>..... There was no 2-hours training updates in Staff C's employee record. Staff C was hired on .....<br><br>During an interview with Staff C, conducted on _____ at 01:30pm, Staff C stated that the employee records were the employee records for Staff B and C and there were no other documents for the employees.<br><br>During a telephone interview with the Assistant Administrator, conducted on _____ at 01:55pm, the Assistant Administrator stated that she was unable to come to the facility and that the documents were probably at the office. The Administrator and Assistant Administrator were not present during the survey and were unable to provide any other documents.<br><br>Class III | A 084                                                                          |                                                                                                                          |                          |                                                        |
| A 091<br>SS=D                                                                 | 59A-36.011(12) FAC Training - Documentation & Monitoring<br><br>(12) TRAINING DOCUMENTATION AND MONITORING.<br>(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following:<br>1. The title of the training program,<br>2. The subject matter of the training program,<br>3. The training program agenda,<br>4. The number of hours of the training program,<br>5. The trainee's name, dates of participation, and location of the training program,<br>6. The training provider's name, dated signature and credentials, and professional license number,                                | A 091                                                                          |                                                                                                                          |                          |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11667351</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/05/2023</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**TORIA'S ASSISTED LIVING FACILITY I**

**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 091                    | <p>Continued From page 37</p> <p>if applicable.</p> <p>(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.</p> <p>(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have required in-service training documented with the number of hours for each required in-service training for two employees (Staff B and C) of two sampled employees.</p> <p>Findings Included:</p> <p>An employee record review for Staff C, conducted on _____, revealed that Staff C's training certificate dated _____ had all required in-service trainings on one certificate for the entire training session and noted that it was an eight-hour training which included activities of daily living, major and adverse incidents, emergency procedures, incident reporting, resident rights and recognizing _____, neglect, and _____, safe food handling, _____, _____, elopement response, and _____ control. There was no program agenda provided to determine if each unit covered the required number of hours for the training program. Staff C was hired on _____.</p> <p>An employee record review for Staff B, conducted</p> | A 091               |                                                                                                                          |                          |

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| A 091                    | <p>Continued From page 38</p> <p>on _____, revealed that Staff B's training certificate dated _____ had all required in-service trainings on one certificate for the entire training session and noted that it was a twelve-hour training which included pre-service orientation, activities of daily living, major and adverse incidents, emergency procedures, incident reporting, resident rights and recognizing _____, neglect, and _____, safe food handling, _____, elopement response, and _____ control. There was no program agenda provided to determine if each unit covered the required number of hours for the training program. Staff B was hired on _____.</p> <p>During an interview with Staff C, conducted on _____ at 01:30pm, Staff C stated that the employee records were the employee records for Staff B and C and there were no other documents for the employees.</p> <p>During a telephone interview with the Assistant Administrator, conducted on _____ at 01:55pm, the Assistant Administrator stated that she was unable to come to the facility and was unable to provide the agendas for the in-service trainings for Staff B and C. The Administrator and Assistant Administrator were not present during the survey and were unable to provide a program agenda for each module or unit of the in-service training.</p> <p>Class III</p> | A 091               |                                                                                                                          |                          |
| A 160<br>SS=D            | <p>59A-36.015(1) FAC Records - Facility</p> <p>59A-36.015 Records.</p> <p>The facility must maintain required records in a</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 160               |                                                                                                                          |                          |

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| A 160                    | <p>Continued From page 39</p> <p>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.</p> <p>(1) FACILITY RECORDS. Facility records must include:</p> <p>(a) The facility's license displayed in a conspicuous and public place within the facility.</p> <p>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:</p> <ol style="list-style-type: none"> <li>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 _____; and,</li> <li>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 _____.</li> </ol> <p>(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).</p> <p>(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</p> | A 160               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>TORIA'S ASSISTED LIVING FACILITY I</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2073 BALFOUR CIRCLE<br/>TAMPA, FL 33619</b>                                  |                          |                                                        |
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| A 160                                                                         | Continued From page 40<br><br>be readily available by facility staff.<br>(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.<br>(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.<br>(g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C.<br>(h) If the facility advertises that it provides special care for persons with _____'s _____, or related _____, a copy of all such facility advertisements as required by Section 429.177, F.S.<br>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C.<br>(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.<br>(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.<br>(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.<br>(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.<br>(n) The facility's resident elopement response | A 160                                                                          |                                                                                                                          |                          |                                                        |

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**TORIA'S ASSISTED LIVING FACILITY I**

**2073 BALFOUR CIRCLE  
TAMPA, FL 33619**

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| A 160                    | <p>Continued From page 41</p> <p>policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;</p> <p>(q) The facility's prevention policies and procedures;</p> <p>(r) The facility's medication practices;</p> <p>(s) The facility's policy on physical _____;</p> <p>(t) The facility's policy on assistive devices;</p> <p>(u) The facility's policy on third-party providers;</p> <p>(v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.;</p> <p>(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., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log that included date of discharge, reason for discharge, and place discharged to, for fourteen former Residents (#1, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17) of fourteen sampled former residents.</p> <p>Findings Included:</p> <p>A review of the facility's list of residents, conducted on _____, revealed that Residents #2, #3, and #4 were listed as current in-house residents and Residents #1, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, and #17 were not listed as current in-house residents.</p> <p>A review of the admission and discharged log, conducted on _____, revealed that Residents #5, #6, #7, #8, #9, #10, #11, #12, #13,</p> | A 160               |                                                                                                                          |                          |

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**TORIA'S ASSISTED LIVING FACILITY I**

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| A                        | <p>Continued From page 42</p> <p>#14, #15, #16, and #17s' date of discharge, place of discharge, and reason for discharge were not noted and Resident #1's place of discharge and reason for discharge was not noted.</p> <p>During an interview with Staff C, conducted on _____ at 10:20am, Staff C stated that there were only three Resident that resided in the facility which included Residents #2, #3, and #4 and that he other residents had been discharged. At 01:30pm, Staff C stated that this was the only admission and discharge log that the facility uses.</p> <p>During a telephone interview with the Assistant Administrator, conducted on _____ at 01:55pm, the Assistant Administrator stated that she was unable to come to the facility and was unable to provide an up-to-date admission and discharge log. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation.</p> <p>(Photographic evidence obtained)</p> <p>Class III</p> | A 160               |                                                                                                                          |                          |