Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967351	A. BUILDING: _____ B. WING _____	R-C 11/28/2023

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 PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to complaint investigation (complaint number: 2023011982) was conducted at Toria's Assisted Living Facility I on 11/28/2023. Deficiencies were identified at the time of survey.	{A 000}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.	{A 032}		

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{A 032}	Continued From page 1 The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one Resident #1 that was at risk for elopement was assessed as at risk for elopement. Furthermore, the facility failed to ensure that one employee (Staff A) of one sampled employee was able to identify two Residents (#2 and #4) as at risk for elopement. Findings Included:	{A 032}		

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{A 032}	Continued From page 2 A record review for Resident #1, conducted on [redacted], revealed that Resident #1 was re-admitted to the facility on [redacted]. According to Resident #1's health assessment form dated [redacted], Resident #1 was not at risk for elopement, posed a danger to self or others, and needed close monitoring due to the resident had the urge to run away from certain situations which cause him to leave the facility. A record review for Resident #2, conducted on [redacted], revealed that Resident #2 was admitted to the facility on [redacted]. According to Resident #2's health assessment form dated [redacted], the resident was assessed as an elopement risk. It was noted in Resident #2's record that the resident eloped from the facility on [redacted] when the resident jumped the gate and on [redacted] when he went through his bedroom window and left the facility. A record review for Resident #4, conducted on [redacted], revealed that Resident #4 was admitted to the facility on [redacted]. According to Resident #4's health assessment form dated [redacted], the resident was assessed as at risk for elopement. During an interview with Staff A (an unlicensed Medication Technician), conducted on [redacted] at 02:05pm, Staff A stated that Resident #1 was the only resident in the facility that was at risk for elopement. Staff A stated that Residents #2 and #4 were asked to sign out of the facility when they want to leave. Staff A stated that there were no other health assessments for Residents #1, #2, and #4. During a telephone interview with the Assistant	{A 032}		

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{A 032}	Continued From page 3 Administrator, conducted on . . . . at 03:00pm, the Assistant Administrator stated that Resident #1 runs away from the facility and my pose a danger to himself if her left the facility. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation. Class III	{A 032}		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . . . . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a	{A 078}		

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{A 078}	Continued From page 4 written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain evidence of a negative	{A 078}		

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{A 078}	Continued From page 5 . . . . . ( ) examination annually and failed to obtain a one-time statement that the employee was free from communicable . . . . . from a health care provider for two employees (Staff C and D) of six sampled employees. Findings Included: A record review for Staff C, conducted on , revealed that Staff C's employee record contained a . . . . . , dated . . . . . that noted that the employee was free from . Staff C's employee record did not contain a statement from a health care provider that the employee was free from annually. Staff C's employee record did not contain a one-time statement from a health care provider that the employee was free from communicable . Staff C was hired on . . . . . . A record review for Staff D, conducted on , revealed that Staff D's employee record did not contain evidence that the employee was free from . Staff D's employee record did not contain a one-time statement from a health care provider that the employee was free from communicable . . . . . Staff D was hired on . During an interview with Staff A, conducted on . . . . . at 01:10pm, Staff A stated that the employee records that were provided was the only employee records that the facility had and there were no other employee documents for Staff C and D. During a telephone interview with the Assistant Administrator, conducted on at 03:00pm, the Assistant Administrator stated that the missing employee record documents were	{A 078}		

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{A 078}	Continued From page 6 probably at the office and not at the facility. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation. Class III	{A 078}		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted	A 081		

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A 081	Continued From page 7 living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents.	A 081		

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A 081	Continued From page 8 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide direct care staff with the required in-service trainings for a 2-hours pre-service orientation and control prior to interacting with residents and training regarding elopement and resident rights and recognizing and reporting , neglect, and , within thirty days of employment for four employees (Assistant Administrator and Staff B, C, and D) of six sampled employee records. Findings Included: An employee record review for the Assistant Administrator, conducted on , revealed that the Assistant Administrator's employee record did not include a training certificate for a 2-hour pre-service orientation and elopement response training. The Assistant Administrator was hired on . An employee record review for Staff B, conducted on , revealed that Staff B's employee record did not include a training certificate for a 2-hour pre-service orientation. Staff B was hired on . An employee record review for Staff C, conducted on , revealed that Staff C's employee record did not include a training certificate for a 2-hour pre-service orientation. Staff C was hired on . An employee record review for Staff D, conducted on , revealed that Staff D's employee record did not include a training certificate for a	A 081		

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A 081	Continued From page 10 2-hour pre-service orientation and trainings for control and resident rights and recognizing and reporting , neglect, and , . Staff D was hired on . During an interview with Staff A, conducted on at 01:10pm, Staff A stated that the employee records that were provided were the only employee records that the facility had and there were no other employee documents for the Assistant Administrator and Staff B, C, and D. During a telephone interview with the Assistant Administrator, conducted on at 03:00pm, the Assistant Administrator stated that the missing employee record documents were probably at the office and not at the facility. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation. Class III	A 081		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (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 fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision,	{A 084}		

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{A 084}	Continued From page 11	{A 084}		

assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:
a. Assist with oral dosage forms, dosage forms, and and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration

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{A 084}	Continued From page 12 of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; 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; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (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. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the	{A 084}		

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{A 084}	Continued From page 13 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 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. 429.52 (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 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 A and B) of five sampled employees. Findings Included: An employee record review for Staff A, conducted on , revealed that Staff A had three six-hour training certificates for assistance with self-administration of medications dated , , and . Staff A had two 4-hour training certificates for assistance with self-administration of medications dated and . There was no	{A 084}		

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	AL11967351	A. BUILDING: _____ B. WING _____	R-C 11/28/2023

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{A 084}	Continued From page 14 2-hours annual trainings for the years 2021, 2022, and 2023 in Staff A's employee record. Staff C was hired on . . 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 annual trainings for the years 2021, 2022, and 2023 in Staff B's employee record. Staff B was hired on . During an interview with Staff A, conducted on at 01:10 pm, Staff A stated that the employee records that were provided were the only employee records that the facility had and there were no other employee documents for Staff A and B. During a telephone interview with the Assistant Administrator, conducted on at 03:00pm, the Assistant Administrator stated that the missing employee record documents were probably at the office and not at the facility. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation. Class III	{A 084}		
{A 091} SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's	{A 091}		

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{A 091}	Continued From page 15	{A 091}		

personnel files. The documentation must include the following:
1. The title of the training program,
2. The subject matter of the training program,
3. The training program agenda,
4. The number of hours of the training program,
5. The trainee's name, dates of participation, and location of the training program,
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.
(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.
(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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to have training certificates with the number of hours for each training in the training program for two employees (Staff B and C) of two sampled employees.

Findings Included:

An employee record review for Staff B, conducted on [redacted], revealed that Staff B had a certificate dated [redacted] for 12-hours trainings regarding "DD Waiver Services (Scope), [redacted] and Neglect, Behavioral Overview, Person Centered, Personal Outcomes, Right and Choices, implementation of DD Waivers

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{A 091}	Continued From page 16 Services, Medicaid Waivers Agreement, Incident Reporting, , Elopement, Safe Food Handling, Documentations, Assist ADLs and needs, Bill of Rights, Emergency and Fire, Agency Policy and Procedure, Emergency Management, Activity, Special Equipment, Weapons, Drug and , Smoking and Smoke, and Monoxide Detectors". The certificate did not note the specific hours of trainings for incident reporting, elopement, safe food handling, activities of daily living and behavioral needs, emergency procedures, and resident rights and and neglect were not noted on the certificate. There was no agenda for the training provided. Staff B was hired on . An employee record review for Staff C, conducted on , revealed that Staff C had a certificate dated for trainings regarding "DD Waiver Services (Scope), and Neglect, Behavioral Overview, Person Centered, Personal Outcomes, Right and Choices, implementation of DD Waivers Services, Medicaid Waivers Agreement, Incident Reporting, , Elopement, Safe Food Handling, Documentations, Assist ADLs and needs, Bill of Rights, Emergency and Fire, Agency Policy and Procedure, Emergency Management, Activity, Special Equipment, Weapons, Drug and , Smoking and Smoke, and Monoxide Detectors". The certificate did not note the specific hours of trainings for incident reporting, , elopement, safe food handling, activities of daily living and behavioral needs, emergency procedures, and resident rights and and neglect were not noted on the certificate. There was no agenda for the training provided. Staff B was hired on .	{A 091}		

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{A 091}	Continued From page 17 During an interview with Staff A, conducted on at 01:10 pm, Staff A stated that the employee records that were provided was the only employee records that the facility had and there were no other employee documents for Staff B and C. During a telephone interview with the Assistant Administrator, conducted on ..... at 03:00pm, the Assistant Administrator stated that the missing employee record documents were probably at the office and not at the facility. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation. Class III	{A 091}		
{A 160} SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's:	{A 160}		

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{A 160}	Continued From page 18 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, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule	{A 160}		

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{A 160}	Continued From page 19 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ...; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C.,	{A 160}		

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{A 160}	Continued From page 20 respectively. 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 (#5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, and #18) of fourteen sampled former residents. Findings Included: A review of the facility's list of residents, conducted on [redacted], revealed that Residents #1, #2, #3, and #4 were listed as current in-house residents and Residents #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, and #18 were not listed as current in-house residents. A review of the admission and discharged log, conducted on [redacted], revealed that Residents #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, and #18s' dates of discharge, places of discharge, and reasons for discharge were not noted. During an interview with Staff A, conducted on [redacted] at 10:25am, Staff A stated that there were four residents that resided in the facility which included Residents #1, #2, #3, and #4. At 01:45pm, Staff A agreed that the admission and discharge log did not include the date of discharge, reasons, for discharge, and places that the residents were discharged to for Residents #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, and #18. During a telephone interview with the Assistant	{A 160}		

Agency for Health Care Administration

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{A 160}	Continued From page 21 Administrator, conducted on at 03:00pm, the Assistant Administrator was unaware that the admission and discharge log was not up to date. The Administrator and Assistant Administrator were not present during the survey and were unable to provide additional documentation. (Photographic evidence obtained) Class III	{A 160}		