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
	AL11965733	A. BUILDING: _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person 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. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	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 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' 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. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to obtain a level II Background screening for two out of 14 sampled employees who had accessibility to residents' records, rooms, and personal belongings. Findings: Observation on at 8:59 AM revealed the Administrator arrived. Further observation and interviews from through revealed that the Administrator acted as the facility's representative regarding resident, staff, and organizational issues. Observation on at 9:49 AM revealed the Director of Nursing arrived. Further observation and interviews from through revealed that the Director of Nursing acted as the facility's representative regarding resident and staff issues.	CZ814		

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CZ814	Continued From page 2 A review of the Level II Background database on . . . . . found no records of the Administrator nor the Director of Nursing in database. Interviewed on at 4:00 PM the Human Resources Manager stated that he made sure that everyone was on there. The Business Manager stated further regarding the lack of eligible level II background screening results and the absence of the Administrator and the Director of Nursing, "I remember doing this last month. The [Administrator] is not on there yet." The Administrator acknowledged that the there was a problem with the background checks. Unclassified	CZ814		
CZ815	408.809(1)(.); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (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: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose	CZ815		

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CZ815	Continued From page 3 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, [illegible] with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or [illegible] 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. (3) All [illegible] 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 named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (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 [illegible] 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: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony.	CZ815		

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CZ815	Continued From page 4 (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (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. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (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. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale,	CZ815		

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CZ815	Continued From page 5 manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (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. (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: 1. Does not have an active professional license or certification from the Department of Health; or	CZ815		

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CZ815	Continued From page 6 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. (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. (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 [illegible] pursuant to s. 943.05(2). (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. 435.06 Exclusion from employment.- (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	CZ815		

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CZ815	Continued From page 7 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. (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 as provided under s. 435.07. (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. (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. (d) An employer may hire an employee to a	CZ815		

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CZ815	Continued From page 8 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. (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. (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 was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (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. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to obtain a level II Background screening for two out of 14 sampled employees who had accessibility to residents' records, rooms, and personal belongings. Findings:	CZ815		

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CZ815	Continued From page 9 Observation on at 8:59 AM revealed the Administrator arrived. Further observation and interviews from through revealed that the Administrator acted as the facility's representative regarding resident, staff, and organizational issues. Observation on at 9:49 AM revealed the Director of Nursing arrived. Further observation and interviews from through revealed that the Director of Nursing acted as the facility's representative regarding resident and staff issues. A review of the personnel records and the Background Screening Clearinghouse database on found no records of an eligible level II background screening for the Administrator or the Director of Nursing. Unclassified	CZ815		

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A 000	Initial Comments A complaint (#2023014257) investigation was conducted from through at Sterling at Aventura. Deficiencies were identified at the time of the survey.	A 000		
A 025 SS=H	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	A 025		

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate supervision as appropriate for each resident to ensure awareness of the general health, safety, physical and emotional well-being for three (#1, #2, #3) out of 117 sampled residents. Residents #1, #2, #3 had and were hospitalized, and there was no documentation of the times of their . The facility also failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention for two days for Resident #1 who had two (2) on the same day. Findings:	A 025		

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A 025	Continued From page 2 1) A review of Resident #1's hospital records showed dated stated: "Resident brought in by (Emergency Medical Services) from her ALF (Assisted Living Facility) due to multiple . She yesterday and today hitting her left and one more time hitting her . Vitals were significant for ." Further review of the hospital record showed that Resident #1 arrived at the hospital at 5:30 PM on . A review of Resident #1's Medication Observation Record (MOR) showed the MOR for the month of The start date for as a PRN (as needed medication) for Resident #1 was . There was no documentation that the resident received medication for and . Interviewed on at 4:20 PM the Director of Care Services (DROCS) if there was a medication order, the DROCS stated, "We did not have a standing order for , ( ) check for a 170 or higher to give as a PRN. I have to check my records." When asked how they would know if the resident , would be above 170, the DROCS stated, "if she was feeling bad." When asked if there was a standing order for a second time after she retrieved her computer, she stated, "Yes." The DORCS stated that Resident #1's was checked upon admission. When asked if her was checked on in the morning and if the medication was given, the DROCS stated, "No." When asked if the was checked on 11/03/2023 in the evening and if the medication was given, the	A 025		

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A 025	Continued From page 3 DROCS stated, "No." When asked if her was checked on in the morning and if the medication was given, the DROCS stated, "No." When asked if the was checked on in the evening and if the medication was given, the DROCS stated, "No. It was not checked. You are right on that." A review of Resident #1 progress notes showed no documentation that Resident #1's was checked before her two on for . There was no documentation of what times Resident #1 . Interviewed on at 11:10 AM the Director of Care Services stated, No one knows when she (Resident #1) . Interviewed on Staff I stated, "Yes, I was working. I went to her room and she Resident #1 stated that she . She was in bed. The [resident] told me she . She told me she was okay. We did not check her , . I saw yogurt on the floor. She told me she put ice on her . We did not give her ice. I don't know the time." Interviewed on at 3:40 PM Staff H (Medication Technician) stated that she was working that day. Staff H stated further that she was on the 5th floor when Resident #1 in . Staff H stated, "I found her sitting. I called the nurse. She [resident #1] told me that she tried to get her walker and it was too far from her bed and that she . The walker was not locked. No medication was given and no was checked. But we have to check it. The nurse came and told me that she had a in the morning."	A 025		

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	AL11965733	A. BUILDING: _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

(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 025	Continued From page 4 A review of Resident #1's Health assessment with a completion date of [redacted] showed [redacted], Psoriatic [redacted], Gait Abnormality, [redacted], hearing loss. The physical limitations showed ambulates with a walker. The [redacted] status showed normal [redacted] behavior. The Activities of daily living showed independent in ambulation, eating, self-care, toileting and transferring, and supervision needed with bathing and [redacted]. According to the Medline Plus, [redacted] is used to treat the following: "high [redacted] ([redacted])." 2) A review of Resident #2's hospital records dated [redacted] showed: "[redacted] female history reported 2 days ago. [redacted] to forehead and periorbital." A review of Resident #2's Progress notes dated [redacted] and entered on 1:12 PM showed: "Resident noticed [redacted] around both [redacted] hematoma to forehead. When asked resident states that she did not [redacted], cannot remember how she got the [redacted] and hematoma. NP Lana notified request to send resident to hospital for [redacted]. POA made aware verbalizes understanding and thank writer for the call. Resident left via [ambulance] around 2 PM via stretcher in stable condition." However, there was no documentation of the time and date of [redacted]. Interviewed on [redacted] at 10:15 AM Resident #2 stated that she bumped her [redacted] somewhere in her room on [Tuesday, [redacted]] and stated that she did not go the hospital until [redacted]. Resident #2 stated further, "They	A 025		

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A 025	Continued From page 5 took me to the hospital on Thursday. The hospital said that this happened a few days ago. It was Staff F (Medical Technician) that knows. It was All Souls Day ( ). I remembered that day when I went to the hospital. Everybody took pictures at the hospital. They check my ." However, there was no documentation that Resident #2 had a or bumped on . Interviewed on at 10:27 AM Staff F (Medication Technician) stated that nobody witnessed her (Resident #2) . Staff F stated further, "It happened last week. When I saw it, I reported it. I saw it on Thursday. I don't remember the exact date. I called the nurse. The [nurse] assessed her. I am off every other Tuesday. The specific time I do not remember." A review of the Adverse Incident Report database showed Resident #2 had a on . A review of Resident #2's records found no intervention plan or post intervention plan. A review of the facility's assessment of Residents at risk for showed: "To ensure residents that are at risk for are assessed in order to address level of care needs, measures to reduce the risk of and to assist the resident in remaining as independent as their condition allows. The community will assess the resident's mobility status using the risk for assessment tool: refer to " Risk Assessment). " At time of pre-admission assessment " With any changes in status " With any unexpected not defined as of a (i.e. 's) with as a primary	A 025		

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A 025	Continued From page 6 symptom. " Annually/biannually/quarterly as per state specific regulatory requirements The facility's post policy showed: "The purpose of this policy is to ensure that all residents receive appropriate treatment, intervention, and attention after . Every resident with an unwitnessed must be assessed as soon as the staff becomes aware of the occurrence. Care plan must be reviewed and updated as necessary with appropriate intervention/s to avoid the reoccurrence of the incident/ ." A review of Resident #2's health assessment with a completion date of showed a diagnoses of and Memory loss. The status showed alert and forgetful. The resident had a precaution. The resident's activities of daily living showed resident was independent in ambulation, toileting and transferring but needed assistance in bathing, , and self-care. 3) A review of Resident #3's hospital records dated stated the following: "Patient a woman presenting for a onset prior to arrival, mechanical, on her ." Resident 3's discharge records showed: "multiple process , and from ground level." Hospital arrival 3:37 PM A review of Resident #3's progress notes showed: "As per night MedTech resident was noticed sitting in the bathroom floor. Skin check done with no issue noted, denied having hitting ,	A 025		

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A 025	Continued From page 7 complaint of , . , . . was given and effective. Nurse check on resident, she stated that "I was using the toilet, when I try to get I slid off." : , P:82, resident remained alert, oriented and verbally responsive, she stated that she wants to rest and asked for some milk and orange slides, request sent to kitchen. POA notified and appreciated the update. PCP made aware, message left via operator Electra. "Resident complaint of excruciating lower , . . Call received from [ ] from PCP's office, order to send resident to [hospital] for further evaluations. Resident left community with paramedics via stretcher at 10:30 AM. POA Notified." However, there was no documentation of the time or date of Resident #3's . A review of Resident #3's records, found no post intervention in place. The facility's post policy stated the following: "The purpose of this policy is to ensure that all residents receive appropriate treatment, intervention, and attention after . . Every resident with an unwitnessed must be assessed as soon as the staff becomes aware of the occurrence. Care plan must be reviewed and updated as necessary with appropriate intervention/s to avoid the reoccurrence of the incident/ ." Interviewed Resident #3 on at 10:00 AM Resident #3 stated, "I had a on . I broke L1 and L2 (in the . . . section of the . ,) about a week ago." A review of Resident #3's health assessment with a completion date of showed diagnoses . . . , . (, , ...), , , , , (. . . . .), History of , (R) . . . . . . The physical or sensory limitations	A 025		

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A 025	Continued From page 8 showed walker dependent for ambulation. The resident had a precaution. The resident's activities of daily living showed assistance with ambulation, and supervision with bathing, eating, self-care, toileting and transferring. Interviewed on at 4:00 PM the Administrator stated that she acknowledged the problem and that she was scheduled for the core training for Assisted Living Administrators on Class II	A 025		
A 027 SS=H	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making and remind residents about scheduled for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to make medical arrangements for	A 027		

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A 027	Continued From page 9 healthcare for three (#1, #2, #3) out of 117 sampled residents who had . Resident #1 had two on and went without treatment after the 1st for more than 16 hours. Resident #2 after her went without treatment for two (2) days. Resident #3 after her went without treatment for an unknown period. Findings: 1) A review of Resident #1's hospital records showed dated stated: "Resident brought in by from her ALF due to multiple . She yesterday and today hitting her left and one more time hitting her . Vitals were significant for , , ." Resident #1 arrived at the hospital at 5:30 PM on according to the hospital records. A review of Resident #1's progress notes showed: "As per night [Staff G], [Certified Nursing Assistant] answered call light when arrived to resident's room observed in bed an stated she . Checked by Medical Technician (Medication Technician) , was observed on left , . Power of Attorney (POA) was notified and spoke to Medication Technician around 7:00 AM." Interviewed on at 1:36 PM Staff G stated, "Yes, I was working. [Staff I] was on the floor. I was the Medication Technician." Staff G stated that [Staff I] was there first and that Staff [Staff I] called her. Staff G said, "When I went up there, the resident stated that she but the resident was in bed." Staff G stated that it happened around 12:07 AM on . Staff I stated, "I worked from 11:00 PM to 7:30 AM. The resident was still alert. She said she was	A 027		

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A 027	Continued From page 10 getting something from the fridge. What I noticed was she had ◡ over her , . I did not call anyone. Yes, the resident went for more than six hours without medical care." When asked what was the protocol for when a resident had a , Staff I stated, "Contact the Director of Care Services (DROCS). She (Resident #1) refused medical care. We did observe there was no . . . . . ◡. We gave her ice. I observed a little ◡ over the left , . No ◡. No, 911 was not called. [Resident #1] told me not to call 911. If there was , we would have called 911. She refused to go to the hospital." Interviewed on 11/ at 10:07 AM the daughter of Resident #1 who stated that the [facility] called her twice to tell her that her mother had a and that she was okay. The daughter stated further that there was no mention that her mother refused to go to the hospital. Interviewed on Staff I stated, "Yes, I was working. I went to her room and she Resident #1 stated that she . She was in bed. The [resident] told me she . She told me she was okay. We did not check her , . I saw yogurt on the floor. She told me she put ice on her . We did not give her ice. I don't know the time." Interviewed on . . . . . at 11:10 AM the DROCS stated that Resident #1 had her during the weekend. The DROCS stated that the Activities Director around 8:20 AM told her that she (Resident #1) had a discolored on the side of her . The DROCS stated that it was not until the second . that Resident #1 was transported to the hospital around 4:36 PM.	A 027		

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A 027	Continued From page 11 Interviewed on at 10:49 AM Licensed Practicing Nurse (LPN) who stated that Resident #1 twice on . The LPN stated, ["Resident #1] in her room." The LPN stated that Staff H (Certified Nursing Assistant) found her in her room for the second next to her bed around 5:30 PM after the resident made a pendant call. The LPN stated [Resident #1] in the morning and in the evening of around 12:15 AM. The LPN stated, "I was not here. She used a walker. She in her room." The LPN stated that Staff H went to her room and found her next to her bed. The LPN stated that the resident called them and told Staff H that she had a . A review of Resident #1's progress notes after the second showed: "Called to resident's room and noticed resident's sitting on the floor at the bedside with walker in front of her. Resident stated, "my walker does not lock properly, I was walking, the walker went forward then I lost my balance. , P100 resident stated that she was having , on the left side of her with a 8 scale. on the left side of her with also present on both . 911 activated." A review of Resident #1's Health assessment with a completion date of showed , Psoriatic ( ), Gait Abnormality, , hearing loss. The physical limitations showed ambulates with a walker. The status showed normal behavior. The Activities of daily living showed independent in ambulation, eating, self-care, toileting and transferring, and supervision needed with bathing and .	A 027		

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A 027	Continued From page 12 2) A review of Resident #2's hospital records dated showed: " female history reported 2 days ago. LOC,-AC/AP, patient at baseline without any complaints to forehead and periorbital." Interviewed on at 10:15 AM Resident #2 stated that she bumped her somewhere in her room on [Tuesday,] and stated that she did not go the hospital until [ ]. Resident #2 stated further, "They took me to the hospital on Thursday. The hospital said that this happened a few days ago. It was Staff F (Medical Technician) that knows. It was All Souls Day. I remembered that day when I went to the hospital. Everybody took pictures at the hospital. They check my ." Interviewed on at 11:11 AM Staff F stated, "I saw her forehead and I called the nurse. I called her the same day ( ) and she [Resident #1] went to the hospital. I am off every other Tuesday. I was off on ." A review of Resident #2's progress notes dated entered 1:12 PM showed: "Resident noticed around both hematoma to forehead. When asked the resident, she did not , cannot remember how she got the and hematoma. PCP notified request to send resident to hospital for . POA made aware verbalizes understanding and thank writer for the call. Resident left via [ambulance] around 2 PM via stretcher in stable condition." A review of Resident #2's health assessment with a completion date of showed a diagnoses of and Memory loss. The	A 027		

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A 027	Continued From page 13 status showed alert and forgetful. The resident had a precaution. The resident's activities of daily living showed resident was independent in ambulation, toileting and transferring but needed assistance in bathing, and self-care. 3) A review of daily assignment sheet dated showed Resident #3 was found by an employee who worked from 11:00 PM to 7:00 AM. A review of the progress notes for Resident #3 showed: "As per night Medication Technician resident was noticed sitting in the bathroom floor. Skin check done with no issue noted, denied having hitting , complaint of , was given and effective. Nurse check on resident, she stated that "I was using the toilet, when I try to get I slid off." A review of Resident #3's hospital records dated showed the following: "Patient a woman presenting for a onset prior to arrival, mechanical, on her ." Resident 3's discharge records showed: "multiple process , , and from ground level." The hospital records also showed Resident #3 arrived at the hospital at 3:37 PM on . There was no documentation on the time of her or date. A review of Resident #3's health assessment with a completion date of showed a diagnoses , , , , , , , , , , , History of , (R) . The physical or sensory limitations	A 027		

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A 027	Continued From page 14 showed walker dependent for ambulation. The resident had a precaution. The resident's activities of daily living showed assistance with ambulation, and supervision with bathing, eating, self-care, toileting and transferring. Interviewed on at 4:00 PM the Administrator stated that she acknowledged the problem and that she was scheduled for the CORE on Class II	A 027		
A 079 SS=H	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy	A 079		

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A 079	Continued From page 15 beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or	A 079		

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A 079	Continued From page 16 manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents,	A 079		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 079	Continued From page 17 resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.	A 079		

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	AL11965733	A. BUILDING: _____ B. WING _____	11/21/2023

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A 079	Continued From page 18 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide adequate staffing to meet the scheduled and unscheduled needs for 117 out of 117 residents, including three (#1, #2, #3), who all had . The facility had only five staff on duty during the overnight shift to care for 117 residents, including two employees assigned to the memory care floor. The facility also failed to respond to more than 101 pendant calls for periods exceeding 15 minutes, including one call for assistance that went unanswered for more almost an than hour in (/54:52 Minutes) during - . In addition to the 101 unanswered calls, there were 23 calls from - , that went beyond 15 minutes, including one call on that last 54:37 Minutes for Resident #1. Findings: 1) A review of Resident #3's hospital records dated stated: "Resident brought in by from her ALF due to multiple . She yesterday and today hitting her left and one more time hitting her . Vitals were significant for ." A record review of the daily assignment for 11 PM- 7:00 AM overnight showed only five employees for 117 residents including two employees on Memory Care floor when Resident #1's first on at 12:07 AM.	A 079		

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A 079	Continued From page 19 A review of Resident #1's Health assessment with a completion date of showed , Gait Abnormality. The physical limitations showed ambulates with a walker. The status showed normal behavior. The Activities of daily living showed independent in ambulation, eating, self-care, toileting and transferring, and supervision needed with bathing and . Interviewed on at 11:10 AM Director of Care Services (DROCS) who stated, "No one knew when she (Resident #1) . We do rounds but I don't know how often. It happened on the weekend." 2) A record review of the daily assignment for 11 PM-7 AM shift showed only five employees to care for 117 residents overnight, including two employees on the Memory Care floor. A review of Resident #2's hospital records dated showed: " , female history reported 2 days ago ( ). Interviewed on AM at 10:15 AM Resident #2 stated that she bumped her somewhere in her room on Tuesday, , . Resident #2 stated, "It happened a few days ago. It was [Staff F (MedTech)] that knows. It was All Souls Day. I remembered that day when I went to the hospital. Everybody took pictures at the hospital. They check my ." A review of Resident #2's progress notes dated Progress notes dated documented around the , and a hematoma to the forehead.	A 079		

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A 079	Continued From page 20 A review of Resident #2's health assessment with a completion date of showed the resident had a precaution. The resident's activities of daily living showed resident was independent in ambulation, toileting and transferring but needed assistance in bathing, and self-care. However, Resident was observed in room with a walker and seated in a wheelchair. Observation on at 10:15 AM Resident #2 was without pendant. 3) A record review of the daily assignment for 11 PM-7:00 AM overnight shift showed only five employees listed for 117 residents, including two employees on the Memory Care Floor the morning when Resident #3 was found by [Staff J Certified Nursing Assistant]. A record review of Resident #3's progress notes dated and entered at 9:40 AM documented that an employee (medical technician) from the night shift ( ) found resident #3 sitting in the bathroom floor. A review of Resident #3's health assessment with a completion date of showed a diagnoses , History of , (R) . The physical or sensory limitations showed walker dependent for ambulation. The resident had a precaution. The resident's activities of daily living showed assistance with ambulation, and supervision with bathing, , eating, self-care, toileting and transferring.	A 079		

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A 079	Continued From page 21 4) A review of the call pendants logs showed 124 calls went unanswered for more than 15 minutes for the months of . . . . . and . . . . . According to the facility's policy on answering call lights or pendant calls states: "Residents call lights/pendants will be answered promptly. When a resident's call signal sounds a nursing staff employee in attendance will: Key points: Promptness is essential since the resident may be alone and in an emergency situation such as . . . . , ... , difficulty breathing, haven . . , etc. 1. Answer each call promptly and politely. 2. Ask the resident the nature of the request. 3. Turn off call light/pendant switch, to indicate the call has been answered. 4. Determine if resident needs emergency intervention. 5. Assist resident as needed." Interviewed on . . . . . at 3:24 PM regarding her understanding of "promptness", the Administrator stated, "It is not a specific time. We had a general policy within minutes, but we want to respond a little sooner than that. We are hiring more staff." Class II	A 079		
A 152 SS=E	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and,	A 152		

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A 152	Continued From page 22 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to provide a safe living environment for the residents. Mold, mildew, and roaches were observed in the resident rooms. Findings:	A 152		

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A 152	Continued From page 23 Observation on at 9:37 am in showed roaches and mildew around the shower drain. Observation on at 9:40 am showed mildew in the shower curtain of . Observation on at 9:46 am showed the portable toilet seat in was rusty. Observation on at 9:51 am showed mold on the bathroom ceiling in . Observation on at 9:58 am showed there was mold in the shower of . Interviewed on at 8:20 am in Resident 4 stated, "Yesterday I saw roaches, I threw water on them. I picked up my grabber and flushed he toilet." Interviewed on at 9:32 am in Resident 7 stated, "I have small cockroaches." Interviewed on at 8:35 am in Resident 5 stated, "I had small roaches three or four days ago, I killed them. They shower curtains have mold; they have cleaned them a few times." Observation on at 8:58 am showed mildew on the shower mat in . Observation on at 9:00 am showed mold and mildew in . Interviewed on at 4:00 pm when she was informed about the mold and the roaches in	A 152		

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A 152	Continued From page 24 the resident rooms, she acknowledged the problem. Class III	A 152		
A 162 SS=E	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.	A 162		

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A 162	Continued From page 25 (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ([illegible]), CF-ES 1006, [illegible], which is hereby incorporated by reference	A 162		

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A 162	Continued From page 26 and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the [illegible] of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's [illegible], DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.	A 162		

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A 162	Continued From page 27 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain accurate and up-to-date health assessments for two out of 117 sampled residents (Resident 1, Resident 2) Resident 1's health assessment showed she needed a walker for ambulation and was independent for ambulation. Resident 2's health assessment was not updated after she was hospitalized due to a . Findings include: A review of Resident 1's health assessment of showed medical history and diagnoses of , psoriatic , , , high , , gait abnormality, (,), , and hearing loss. Physical limitations showed that she needed a walker for ambulation and the ADL (Activities of Daily Living) assessment showed that she was independent for ambulation, eating, self-care, toileting and transferring, requiring supervision for bathing and . Standard precautions were indicated. Further review of Resident 1's records showed that she was sent to the hospital on after a . Interviewed on at approximately 10:05 am Staff D stated that Resident 1 was in the hospital due to a . A review of Resident 2's health assessment of showed medical history and diagnoses of high , and memory loss, physical and sensory limitations of poor hearing, status showed she was alert	A 162		

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A 162	Continued From page 28 and forgetful and special precautions for were indicated. The ADL (Activities of Daily Living) assessment showed she was independent for ambulation, toileting and transferring and required assistance with bathing, , and self-care. A review of Resident 2's records showed that Resident 2 was sent to the hospital on after a . Further review of Resident 2's progress notes report of at 1:08 pm showed, "Noticed around both , and hematoma to forehead. When asked Resident states that she did not , cannot remember how she got the and hematoma. Health Care Provider was notified and sent Resident to the hospital for a . Resident left via ambulance around 2:00 pm via stretcher in stable condition." Interviewed on /20323 at approximately 12:00 pm when asked about Resident 2's on the Primary Care Provider stated, "Yes, the facility notified me, and she was sent to the hospital. I talked to the DON (Director of Nursing) about moving her to the Memory Care floor because her was getting worse". Interviewed on at approximately 2:15 pm Staff C acknowledged that the Primary Care Provider had recommended transferring Resident 2 to the Memory Care floor after she because her symptoms were getting worse. Staff C stated, "Yes, I recall talking to the doctor about moving her to the Memory Care floor. She has not been moved yet." Further review of Resident 2's record showed no documentation of an updated health assessment	A 162		

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A 162	Continued From page 29 after the Resident and was sent to the hospital on . Class III	A 162		
A 165 SS=E	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or	A 165		

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A 165	Continued From page 30 its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) [redacted], neglect, or [redacted] must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of	A 165		

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A 165	Continued From page 31 s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on observation, interview, and review of records the facility failed to submit an adverse incident report to the Agency for three out of 117 sampled residents who had and were transferred to the hospital (Resident 1, Resident 2, Resident 3) Finding include: Observation on at approximately 8:05 am showed that Resident 1 was listed as hospitalized on the absent census board in the nurse's office. Interviewed on at approximately 10:05 am Staff E stated that Resident 1 was in the hospital due to a . A review of Resident 1's record showed that she was sent to the hospital on due to a	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965733	A. BUILDING: _____ B. WING _____	11/21/2023

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A 165	Continued From page 32 . . Further review of Resident 1's progress notes report of at 3:15 pm showed, "As per [Staff F] around 8 am Resident was observed with ˬ to left and ˬ to left , and both ˬ. Paramedics were called and evaluated the Resident, she refused to go to the hospital for further evaluation." Further review of Resident 1's progress notes report of at 5:48 pm showed, "Called to Resident's room and noticed Resident sitting on the floor at bedside with walker in front of her. Resident stated 'My walker does not lock properly, I was walking, the walker went forward then I lost my balance' Resident stated that she was having , on the left side of her with an 8 scale. ˬ on the left side of her with ˬ also present on both ˬ . 911 activated, Resident transported to hospital for further evaluation." A review of AIRS (Adverse Incident Reporting System) showed no documentation of an adverse incident report of Resident 1's and hospitalization on . Observation on at approximately 9:15 am showed that Resident 2 had both black ˬ and a small on the forehead. A review of Resident 2's records showed that Resident 2 was sent to the hospital on after a . Further review of Resident 2's progress notes report of at 1:08 pm showed, "Noticed around both ˬ and hematoma to forehead. When asked Resident states that she	A 165		

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A 165	Continued From page 33 did not , cannot remember how she got the and hematoma. Health Care Provider was notified and sent Resident to the hospital for a . Resident left via ambulance around 2:00 pm via stretcher in stable condition." Interviewed on /20323 at approximately 12:00 pm when asked about Resident 2's on Resident 2's Primary Care Physician stated, "Yes, the facility notified me, and she was sent to the hospital." A review of AIRS showed no documentation of an adverse incident report of Resident 2's and referral to the hospital on . A review of Resident 3's record showed that she was sent to the hospital on due to a . Further review of Resident 3's progress notes report of at 8:50 am showed, "As per [Staff J] Resident was noticed sitting in the bathroom floor, skin check done with no issue noted, denied having hitting , complained of , , given and effective. Nurse checked on Resident, she stated, [I was using the toilet, when I tried to get up, I slid off." Further review of Resident 3's progress notes report of at 10:42 am showed, "Resident complained of excruciating lower , . Call received from PCP's office, ordered to send Resident to hospital for further evaluation. Resident left community with paramedics via stretcher at 10:30 am." Interviewed on at approximately 12:24 pm when asked about Resident 3's the Resident's daughter stated, "Yes, they called me.	A 165		

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A 165	Continued From page 34 They said that she in the bathroom, and they were sending her to the hospital." Interviewed on at approximately 4:33 pm the (PCP) Primary Care Physician stated that the facility had notified him about Resident 3's and hospitalization. The PCP stated that the hospital diagnosed , but he could not confirm that they were a result of the because a was not performed. The PCP stated that a would have been too painful given the Resident's condition. A review of AIRS (Adverse Incident Report System) showed no documentation of an adverse incident report of Resident 3's and hospitalization on . A review of the staffing schedules of 11/04/2023, and showed that the facility's staffing levels were less than the minimum required to meet the needs of the residents and prevent incidents. Class III	A 165		