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
	AL11965032	A. BUILDING: _____ B. WING _____	11/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC AT BAYVIEW (THE)	161 B MARINE STREET SAINT , FL 32084

(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 change of ownership survey, in conjunction with a complaint survey (complaint #2021013997) and Limited Nursing Services monitoring, was conducted at The Lilac at Bayview from 11/1/23- . There were deficiencies identified at the time of survey.	A 000		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications.	A 052		

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A 052	Continued From page 1 (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the	A 052		

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A 052	Continued From page 2 reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with	A 052		

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A 052	Continued From page 3 medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to prepare medication in presence of the resident, or to orally advise the resident of the medication name and dosage, for three of five residents observed receiving assistance with self-administration of medication (Residents #4 ,	A 052		

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A	Continued From page 4 #10, and #11) . The finding include: An observation was made of Employee D, Medication Technician, assisting residents on at 1:00 pm. The medication cart was parked at on the hallway on the first floor, near the nurse's station. Employee D obtained , 300 milligrams (mg) for Resident #10 and popped the medication in a cup. She then got water in another cup, and went to deliver the medication to the resident who was not present at the time of the preparation. At this time, Resident #10 was observed in the hallways as she was coming out of the dining room. Employee D stopped Resident #10 in the hallway and gave her the medication. On at 1:05 pm, Employee D proceeded to the medication cart and obtained , - , (,) 10-235 mg for non acute , for Resident #11. She popped the the medication in a cup and proceeded to the resident's room to offer the medication to the resident, who was not present when the medications were prepared. On at 1:11 pm, Employee D obtained Guefenesin 400 mg for coughing prescribed to Resident #11. Employee D took the medication to Resident #11's room; she was not present when Employee D prepared the Guefenesin. Resident #11 then stated that she was in , and would like , medication. Employee D went to the cart that was parked at the nurse's station and obtained Resident #11's , - , (Norco) 5-235 mg, popped the medication on the medication cup (while still in the hallway) and took it to the	A 052		

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A 052	Continued From page 5 resident who was still in her room. In an interview with Employee D on at 1:20 pm, she confirmed that she did not inform the residents of the medications they were receiving. Employee D also confirmed she prepared the medication in the hallway, not in the residents' presence. She said, "I don't always work at the cart , I do activities and I forgot all that." In an interview with the Nurse Manager on at 2:30 pm, she confirmed that none of the three residents had a written waiver to opt-out of being orally advised of the medication name and dosage. She confirmed Employee D should have prepared medications in the presence of the resident. The facility policy and procedure titled, "Assistance with Self-Administration of Medication" reviewed on did not provide guidance to staff to conduct certain tasks in the presence of the resident. The policy did not inform staff that confirming that the medication was intended for that resident, orally advising the resident of the medication name and dosage, opening the container and removing a prescribed amount of medication from the container, and closing the container were to be done in the presence of the resident. (Photographic evidence obtained) Class III	A 052		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment,	A 078		

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A 078	Continued From page 6 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 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	A 078		

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A 078	Continued From page 7 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 a written statement from a health care provider documenting freedom from signs or symptoms of communicable , and to obtain evidence of a negative ( ) examination annually for three of three sampled employees. The findings include: Employee record review for Employee B, Medication Technician, showed she was hired on . Employee record review for Employee C, Medication Technician, showed she was hired on	A 078		

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A 078	Continued From page 8 Employee record review of the Nurse Manager revealed a hired date of . There were no communicable statements or evidence of testing in the files of Employees B and C, or the Nurse Manager. In an interview with the Nurse Manager on at 2:30 pm, she confirmed that the employees did not have communicable or testing. Class III	A 078		
A 082	59A-36.011(4) FAC Training - / (4) (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that staff completed a one-time education course on , (/) within 30 days of hire for one of three employees sampled (Employee B).	A 082		

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A 082	Continued From page 9 The findings include: Employee record review for revealed that Employee B, Medication Technician, was hired on . There was no evidence in the the record to show she completed / . training. During an interview with the Nurse Manager on at 2:30 pm, she confirmed that the Employee B had not completed the training on / . Class III	A 082		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents 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,	A 152		

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A 152	Continued From page 10 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, interview, and record review, the facility failed to provide a safe, clean living environment for all residents of the facility by failing to clean resident rooms and common areas, and failing to renew elevator licenses in a timely manner. The findings include: During a tour to the facility on at 11:00 am, common areas for resident use were observed in disrepair. An area at the piano was lipped, and put . . . in a tuck pin. The overhead vent in the library and in the TV room on the first floor appeared to be partially covered with a black substance. There was broken cabinet in room, and it was missing a closet door. The facility was serviced by two elevators- one near the lobby, and the other near the dining area. The certificate of operation posted in both elevators was expired. Photographic evidence obtained.	A 152		

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A 152	Continued From page 11 In an interview on . . . . . at 11:05 am, Resident #5 stated that housekeepers are supposed to deep clean her room at least every six months, but it has not happened for the last 2 years. She said that the windows are dusty and it affects her breathing, so her family has been helping her dust them. She added that the facility had black substances in certain areas and there was a resident that was moved from her room because of it. She added that these issues had been brought to the attention of the facility administration several times and no actions had been taken. On . . . . . at 9:45 am Employee E was observed cleaning rooms on the second floor. When asked if she was covering for a housekeeper, she said, " No, we are required to clean some rooms on the second floor because the housekeeper only cleans the first floor, the common areas, and only four room on the second floor." When asked if she also deep cleans, she said no, "we do a light sweep/vacuum, clean the bathrooms, and take out the trash". She added that she was not sure who was supposed to do deep cleaning. The Nurse Manager stated in an interview on . . . . . at 10:00 am that the facility had a . . . . . housekeeper, but some days she doesn't come in, so the caregivers pick up some rooms to clean. When asked when deep cleaning is done, she explained the housekeeper was supposed to deep clean at least three rooms per week, but she had never seen it done. The Administrator explained on 11/02/23 at 10:45 am that the facility . . . . . a housekeeper who was supposed to clean rooms weekly, and there was also a deep cleaning schedule. He added that he was told this morning that the	A 152		

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A 152	Continued From page 12 company doesn't clean as they are supposed to and they were working on it. On at 11:00 am, more observations of common areas were conducted with the Administrator. He confirmed the vents needed replacement and stated that the resident rooms would need to be fixed. When asked about the elevator inspection, he stated that he was aware they were past due and he was working on having them updated. He stated that he had paperwork and he was waiting of the approval to begin the necessary replacement. Review of the elevator license renewal indicated that the last inspection renewal was failed on and required immediate action. (Photographic evidence obtained). The Administrator confirmed again on at 2:30 pm that he was out of compliance. Class III	A 152		
A 167	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily,	A 167		

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A 167	Continued From page 13 weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide	A 167		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC AT BAYVIEW (THE)	161 B MARINE STREET SAINT , FL 32084

(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 167	Continued From page 14 services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related to a properly executed DH Form 1896, . (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident	A 167		

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A 167	Continued From page 15 or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and [illegible] of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the	A 167		

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A 167	Continued From page 16 resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . . (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , . , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or . . . . imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply	A 167		

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A 167	Continued From page 17 with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's or relocation due to hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to offer a contract for execution by the resident or the resident's legal representative for one of two sampled residents (Resident #9). The findings include: Resident #9's record showed he was admitted to the facility on for respite care. The resident Health Assessment for Assisted Living Facilities (AHCA form 1823) dated revealed that Resident #9 had diagnosis of , local of the skin, , failure with , and . The form also indicated that resident required nursing care for	A 167		

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A 167	Continued From page 18 . . . . . care and . . . . . care. Photographic evidence obtained. Review of page one of the Respite Residency Agreement executed for Resident #9, dated , read, "The sole purpose of this contract is respite for the usual caregiver. Because this stay is not intended to be on a permanent or long term basis, it will be re-evaluated on a weekly basis on Monday for the previous week . The maximum respite stay is thirty days. If the resident decides to remain on as a permanent resident, a new contract shall be executed." Photographic evidence obtained. The Nurse Manager was interviewed on at 10:30 am. She stated Resident #9 was admitted from the skilled nursing facility because he could not return to his apartment at the time discharge. The interdisciplinary team (IDT) suggested resident move to the assisted living facility. On at 2:35 pm, the Administrator confirmed that the the facility should have obtained a new contract. Class III	A 167		