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 |
|---|---|---|---|
| | AL11965368 | A. BUILDING: _____ B. WING _____ | 12/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| MADISON AT OCOEE | 80 NORTH CLARK RD OCOEE, FL 34761 |

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| A 000 | Initial Comments<br><br>A relicensure survey with Limited Nursing Service (LNS), a generator monitoring and a complaint investigation (#2023015256) was conducted at Madison at Ocoee on . . . . . The facility had deficiencies at the time of the survey. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(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.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of | A 025 | | |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 025 | Continued From page 1<br><br>resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(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.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(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.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to provide care and services appropriate to meet the needs of 1 of 6 sampled residents by failing to maintain a written record that resulted in changes in the method of medication administrations or other changes that resulted in the provision of additional services (#13) and failed to follow a health care practitioner's medication parameter order for 1 of 6 sampled residents (#4).<br><br>Findings:<br><br>On during the entrance conference | A 025 | | |

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| A 025 | Continued From page 2<br><br>the Business Office Manager stated resident #13 is independent but I believe there's discussion whether we're going to take over and start doing his meds.<br><br>On at 10:30am Observation of Resident #13 during the tour revealed the resident exiting his apartment and walking towards the med cart located on the next hall.<br><br>On at 10:49pm Resident #13 confirmed that he was independent with his medications but expressed that he had some concerns with his and could not get anyone to help him. The resident stated, "I've told the nurse, and they do nothing. They don't tell me anything. They come into my room to make decisions and then leave. The resident stated, "I take 2 types of 's, 8 units in the morning slow and 10 units in the afternoon fast acting. I need someone to decide what type of medication I should be taking. The nurse is supposed to come at 6am to check my . No one comes at 6am or 7am. I have to eat breakfast at 8am. I check my at 6am when I get up and take my ."<br><br>On at 12:20pm The Business Office Manager stated, "Resident #13 self-meds so we don't have any Medication Observation Records (MORs) for him."<br><br>A facility's note on at 11:11 read, "Resident notified writer that , was high. This writer checked residents , and it was . Notified MD new order for one time dose of , 5mg and to continue regular medication regimen as ordered."<br><br>A facility note on at 20:14 read, | A 025 | | |

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| A 025 | Continued From page 3<br><br>"Resident complaints of not feeling well, resident stated he had not eaten, resident was assessed [illegible] 64 [illegible] 224, resident was given a meal and assessed upon completion of meal, resident [illegible] 64 [illegible] 263, resident advised to take his short acting [illegible] and [illegible] medication."<br><br>A facility note on [illegible] at 21:12 read, "Resident was seen by MD on [illegible]. New order for U/A C&S due to increased [illegible] /AMS. Monitor [illegible] x2 weeks. Hold [illegible] if [illegible] is less than 110."<br><br>A facility note on [illegible] at 10:49 read, "Monitor [illegible] three times a day for 2 weeks. Hold [illegible] for [illegible] less than 110 three times a day until [illegible] 23:59<br><br>On [illegible] at 1:35pm the Wellness Director stated, "For the MORs, there's nothing for [illegible], but the Doctor ordered [illegible] checks so that's what triggered [illegible]."<br><br>A review of Resident #13's [illegible] MORs revealed on [illegible] a monitoring of 68 and on [illegible] a monitoring of 99 checked by Staff E.<br><br>The facility's undated Self-Administering Medications policy states, "Residents who request to self-administer their medications may do so after the Wellness Director or designee completes a self-medication evaluation. This evaluation determines if the resident is capable of self-administration, maintaining the security of medications, and safely disposing of sharps, if applicable. Reassessments of a resident's ability to self-medicate should be documented on the Review Log for Administration of Medications quarterly or more frequently if required by state | A 025 | | |

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| A 025 | Continued From page 4<br><br>regulation or concern about the resident's continuing ability to self-administer medications."<br><br>On at 3:30pm Resident #13 stated, "I don't remember if they told me not to take it. I have to take my every day. One nurse tells me one thing and then another one tells me something else. It's like they don't know what they're doing or talking to each other. Yes, I took my yesterday. In the last two weeks something went wrong. No, my doctor tells me to take it every day and that's what I do."<br><br>On at 4:15pm a phone interview with Staff E stated, "I did re check resident#13's yesterday. I informed him a little after 7am to hold the fast acting this morning. I explained to him that he needed to hold it and I explained that the doctor wants us to monitor his . I asked the resident if he understood, and he stated yes and repeated to me to hold the fast acting this morning." Staff E stated, "the resident takes 2 units in the morning one slow and 1 fast acting but the MORs does not state that. If you ask the resident, he should be able to show you."<br><br>On at 4:29pm a phone interview with Staff F stated, "If it's low when I check it, I don't tell the resident to hold it. If that's what it says, then that's what I did."<br><br>On at 5:35pm The Wellness Director stated, " Let me find out a little bit more if I can see it in another system. I would think that if they're withholding it, they would not administer."<br><br>On at 5:54pm The Wellness Director stated, "What you see is what I see. He was scheduled today for re-assessment by the doctor, but the doctor did not come. You are correct, it | A 025 | | |

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| A 025 | Continued From page 5<br><br>should be done quarterly or more frequently. We're taking over for sure. Yes, I can see the . . . . . I will be contacting the POA and following up with the resident that we will be taking over his . . ."<br><br>On . . . . . at 6:00pm The Wellness Director and Administrator confirmed the findings.<br><br>A review of resident #4's health assessment form (1823) revealed the resident required assistance with self-administration of medications. The resident's medical history included , , .<br><br>Review of the resident's and . . . . . MORs revealed an entry for . . . 60 milligram (mg) tablet give 1 tablet by . . . every morning and before bedtime for , , . . . . . Hold for . . , . . less than . . . . . or . . . . . .<br><br>Documented . . . , . . . . . and . . . rate readings on the MORs revealed either the , . . . . . was less than . . . . or . . . rate was less than 60 on , , , , , , . . . . . and . . . . However, the was signed as given.<br><br>On at 2 pm, the findings were discussed with the Director of Nursing (DON) and an opportunity was given to provide additional documentation, but none was provided.<br><br>Class III | A 025 | | |
| A 032 SS=D | 59A-36.007(7) FAC Resident Care - Elopement Standards | A 032 | | |

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| A 032 | Continued From page 6<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.<br>(b) Facility Resident Elopement Response Policies and Procedures. The facility must | A 032 | | |

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| A 032 | Continued From page 7<br><br>develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:<br>1. An immediate search of the facility and premises,<br>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,<br>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,<br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on the facility's documentation, personnel record review and interview, the facility failed to ensure that 3 of 5 sampled staff (A, B & C) participated in at least two elopement drills for year 2023 with a 100% staff participation conducted annually as required; and the facility failed to provide two elopement drills with 100% staff participating completed for year 2022.<br><br>Findings:<br><br>1. Staff A's personnel record review revealed a hire date on . There was no documented evidence that at least one elopement drill was completed for the year 2023.<br><br>2. Staff B's personnel record review revealed a | A 032 | | |

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| A 032 | Continued From page 8<br><br>hire date on . . . . . There was no documented evidence that at least one elopement drill was completed for the year 2023.<br><br>On . . . . . at 2:45 PM, an interview with staff B confirmed that she did not complete any elopement drills since she has been hired with the facility.<br><br>3. Staff C's personnel record review revealed a hire date on . . . . . There was no documented evidence that a fire drill was completed for the year 2023.<br><br>(Photographic Evidence Obtained)<br><br>On . . . . . at 11:50 AM, an interview with the Administrator confirmed the findings and that she could not locate any 2022 elopement drills completed.<br><br>Class III | A 032 | | |
| A 081 SS=D | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52(1)<br>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the | A 081 | | |

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| A 081 | Continued From page 9 | A 081 | | |

employee's personnel record.

(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.

59A-36.011
(2) STAFF PRESERVICE ORIENTATION.
(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).
(b) New staff must complete the preservice orientation prior to interacting with residents.
(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.
(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:
1. Resident's rights; and,
2. The facility's license type and services offered by the facility.
(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:
(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule

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| A 081 | Continued From page 10<br>59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.<br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.<br>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(e) Staff who prepare or serve food, who have not | A 081 | | |

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| A 081 | Continued From page 11<br>taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.<br>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview, the facility failed to ensure 1 of 3 staff was properly trained in the facility emergency procedures including chain-of-command and aware of their roles relating to emergency evacuation. (C)<br><br>Findings:<br><br>A review of Staff C's record revealed a 1 hr. certification awarded on [redacted] for Emergency Preparedness & Evacuation including facility evacuation plan review, facility emergency plan review, and facility emergency policies and procedures.<br><br>On [redacted] at 2:42pm during an interview, Staff C stated, "no, I have not received training regarding the facility's emergency plan. Staff C stated, " I do not know my role because I've never | A 081 | | |

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| A 081 | Continued From page 12<br>done that."<br><br>On [redacted] at 6:00pm The Wellness Director and Administrator confirmed the findings.<br><br>Class III | A 081 | | |
| A 090 SS=D | 59A-36.011(11) FAC Training -<br>[redacted]<br><br>(11) [redacted]<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding [redacted]<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding [redacted] within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview the facility failed to ensure 2 of 3 staff (A & C) who received training in the facility's policies and procedures regarding 1 hour [redacted] ( ) was able to identify residents and the location of DH Form 1896. 59A-036.009<br><br>Findings:<br><br>A review of Staff C record revealed on [redacted] a successful completion of facility specific policies and procedures including | A 090 | | |

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| A 090 | Continued From page 13<br><br>honoring and order, law and forms and liability.<br><br>On at 2:42pm during an interview Staff C was asked What is a ? Staff C stated, " No, . They have that in their book or look for the file. If you're really not sure. I don't know where the file is or who is on . I really don't know."<br><br>On at 6:00pm The Wellness Director and Administrator confirmed the findings.<br><br>A review of caregiver A's personnel record revealed a hire date of . The record contained a 1-hour certificate of training. However, during an interview on at 11:05 am when asked what a was, how did she identify a resident with a and what is the facility's policy, caregiver A responded "I don't remember" to all related questions.<br><br>Class III | A 090 | | |

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| A 000 | Initial Comments<br><br>A relicensure survey with Limited Nursing Service (LNS), a generator monitoring and a complaint investigation (#2023015256) was conducted at Madison at Ocoee on . . . . . The facility had deficiencies at the time of the survey. | A 000 | | |
| A 025 SS=D | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(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.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of | A 025 | | |

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| A 025 | Continued From page 1<br><br>resident diets in accordance with Rule 59A-36.012, F.A.C.<br>(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.<br>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.<br>(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.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations, record reviews, and interviews, the facility failed to provide care and services appropriate to meet the needs of 1 of 6 sampled residents by failing to maintain a written record that resulted in changes in the method of medication administrations or other changes that resulted in the provision of additional services (#13) and failed to follow a health care practitioner's medication parameter order for 1 of 6 sampled residents (#4).<br><br>Findings:<br><br>On during the entrance conference | A 025 | | |

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| A 025 | Continued From page 2<br><br>the Business Office Manager stated resident #13 is independent but I believe there's discussion whether we're going to take over and start doing his meds.<br><br>On at 10:30am Observation of Resident #13 during the tour revealed the resident exiting his apartment and walking towards the med cart located on the next hall.<br><br>On at 10:49pm Resident #13 confirmed that he was independent with his medications but expressed that he had some concerns with his and could not get anyone to help him. The resident stated, "I've told the nurse, and they do nothing. They don't tell me anything. They come into my room to make decisions and then leave. The resident stated, "I take 2 types of 's, 8 units in the morning slow and 10 units in the afternoon fast acting. I need someone to decide what type of medication I should be taking. The nurse is supposed to come at 6am to check my . No one comes at 6am or 7am. I have to eat breakfast at 8am. I check my at 6am when I get up and take my ."<br><br>On at 12:20pm The Business Office Manager stated, "Resident #13 self-meds so we don't have any Medication Observation Records (MORs) for him."<br><br>A facility's note on at 11:11 read, "Resident notified writer that , was high. This writer checked residents , and it was . Notified MD new order for one time dose of , 5mg and to continue regular medication regimen as ordered."<br><br>A facility note on at 20:14 read, | A 025 | | |

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| A 025 | Continued From page 3<br><br>"Resident complaints of not feeling well, resident stated he had not eaten, resident was assessed [illegible] 64 [illegible] 224, resident was given a meal and assessed upon completion of meal, resident [illegible] 64 [illegible] 263, resident advised to take his short acting [illegible] and [illegible] medication."<br><br>A facility note on [illegible] at 21:12 read, "Resident was seen by MD on [illegible]. New order for U/A C&S due to increased [illegible] /AMS. Monitor [illegible] x2 weeks. Hold [illegible] if [illegible] is less than 110."<br><br>A facility note on [illegible] at 10:49 read, "Monitor [illegible] three times a day for 2 weeks. Hold [illegible] for [illegible] less than 110 three times a day until [illegible] 23:59<br><br>On [illegible] at 1:35pm the Wellness Director stated, "For the MORs, there's nothing for [illegible], but the Doctor ordered [illegible] checks so that's what triggered [illegible]."<br><br>A review of Resident #13's [illegible] MORs revealed on [illegible] a monitoring of 68 and on [illegible] a monitoring of 99 checked by Staff E.<br><br>The facility's undated Self-Administering Medications policy states, "Residents who request to self-administer their medications may do so after the Wellness Director or designee completes a self-medication evaluation. This evaluation determines if the resident is capable of self-administration, maintaining the security of medications, and safely disposing of sharps, if applicable. Reassessments of a resident's ability to self-medicate should be documented on the Review Log for Administration of Medications quarterly or more frequently if required by state | A 025 | | |

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| A 025 | Continued From page 4<br><br>regulation or concern about the resident's continuing ability to self-administer medications."<br><br>On at 3:30pm Resident #13 stated, "I don't remember if they told me not to take it. I have to take my every day. One nurse tells me one thing and then another one tells me something else. It's like they don't know what they're doing or talking to each other. Yes, I took my yesterday. In the last two weeks something went wrong. No, my doctor tells me to take it every day and that's what I do."<br><br>On at 4:15pm a phone interview with Staff E stated, "I did re check resident#13's yesterday. I informed him a little after 7am to hold the fast acting this morning. I explained to him that he needed to hold it and I explained that the doctor wants us to monitor his . I asked the resident if he understood, and he stated yes and repeated to me to hold the fast acting this morning." Staff E stated, "the resident takes 2 units in the morning one slow and 1 fast acting but the MORs does not state that. If you ask the resident, he should be able to show you."<br><br>On at 4:29pm a phone interview with Staff F stated, "If it's low when I check it, I don't tell the resident to hold it. If that's what it says, then that's what I did."<br><br>On at 5:35pm The Wellness Director stated, " Let me find out a little bit more if I can see it in another system. I would think that if they're withholding it, they would not administer."<br><br>On at 5:54pm The Wellness Director stated, "What you see is what I see. He was scheduled today for re-assessment by the doctor, but the doctor did not come. You are correct, it | A 025 | | |

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| A 025 | Continued From page 5<br><br>should be done quarterly or more frequently. We're taking over for sure. Yes, I can see the . . . . . I will be contacting the POA and following up with the resident that we will be taking over his . . ."<br><br>On . . . . . at 6:00pm The Wellness Director and Administrator confirmed the findings.<br><br>A review of resident #4's . . . . . health assessment form (1823) revealed the resident required assistance with self-administration of medications. The resident's medical history included . . .<br><br>Review of the resident's . . . . . and . . . . . MORs revealed an entry for . . . . . 60 milligram (mg) tablet give 1 tablet by . . . every morning and before bedtime for . . . . . Hold for . . . . less than . . . . . or . . . . . .<br><br>Documented . . . . . and . . . rate readings on the MORs revealed either the . . . . . was less than . . . . or . . . rate was less than 60 on . . . . . and . . . . However, the . . . . . was signed as given.<br><br>On . . . . . at 2 pm, the findings were discussed with the Director of Nursing (DON) and an opportunity was given to provide additional documentation, but none was provided.<br><br>Class III | A 025 | | |
| A 032 SS=D | 59A-36.007(7) FAC Resident Care - Elopement Standards | A 032 | | |

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| A 032 | Continued From page 6<br><br>59A-36.007<br>(7) ELOPEMENT STANDARDS.<br>(a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.<br>1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times.<br>2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative.<br>(b) Facility Resident Elopement Response Policies and Procedures. The facility must | A 032 | | |

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| A 032 | Continued From page 7<br><br>develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for:<br>1. An immediate search of the facility and premises,<br>2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities,<br>3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and,<br>4. The continued care of all residents within the facility in the event of an elopement.<br>(c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on the facility's documentation, personnel record review and interview, the facility failed to ensure that 3 of 5 sampled staff (A, B & C) participated in at least two elopement drills for year 2023 with a 100% staff participation conducted annually as required; and the facility failed to provide two elopement drills with 100% staff participating completed for year 2022.<br><br>Findings:<br><br>1. Staff A's personnel record review revealed a hire date on . There was no documented evidence that at least one elopement drill was completed for the year 2023.<br><br>2. Staff B's personnel record review revealed a | A 032 | | |

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| A 032 | Continued From page 8<br><br>hire date on . . . . . There was no documented evidence that at least one elopement drill was completed for the year 2023.<br><br>On . . . . . at 2:45 PM, an interview with staff B confirmed that she did not complete any elopement drills since she has been hired with the facility.<br><br>3. Staff C's personnel record review revealed a hire date on . . . . . There was no documented evidence that a fire drill was completed for the year 2023.<br><br>(Photographic Evidence Obtained)<br><br>On . . . . . at 11:50 AM, an interview with the Administrator confirmed the findings and that she could not locate any 2022 elopement drills completed.<br><br>Class III | A 032 | | |
| A 081 SS=D | 429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service<br><br>429.52(1)<br>(1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the | A 081 | | |

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| A 081 | Continued From page 9<br><br>employee's personnel record.<br><br>(7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.<br><br>59A-36.011<br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule | A 081 | | |

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| A 081 | Continued From page 10<br>59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.<br>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Reporting adverse incidents.<br>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.<br>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:<br>1. Resident rights in an assisted living facility.<br>2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.<br>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:<br>1. Resident behavior and needs.<br>2. Providing assistance with the activities of daily living.<br>(e) Staff who prepare or serve food, who have not | A 081 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11965368 | A. BUILDING: _____ B. WING _____ | 12/20/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MADISON AT OCOEE | 80 NORTH CLARK RD OCOEE, FL 34761 |

| (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 081 | Continued From page 11<br>taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.<br>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.<br>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.<br>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview, the facility failed to ensure 1 of 3 staff was properly trained in the facility emergency procedures including chain-of-command and aware of their roles relating to emergency evacuation. (C)<br><br>Findings:<br><br>A review of Staff C's record revealed a 1 hr. certification awarded on [redacted] for Emergency Preparedness & Evacuation including facility evacuation plan review, facility emergency plan review, and facility emergency policies and procedures.<br><br>On [redacted] at 2:42pm during an interview, Staff C stated, "no, I have not received training regarding the facility's emergency plan. Staff C stated, " I do not know my role because I've never | A 081 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| A 081 | Continued From page 12<br>done that."<br><br>On [redacted] at 6:00pm The Wellness Director and Administrator confirmed the findings.<br><br>Class III | A 081 | | |
| A 090 SS=D | 59A-36.011(11) FAC Training -<br>[redacted]<br><br>(11) [redacted]<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding [redacted]<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding [redacted] within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on personnel record review and interview the facility failed to ensure 2 of 3 staff (A & C) who received training in the facility's policies and procedures regarding 1 hour [redacted] ( ) was able to identify residents and the location of DH Form 1896. 59A-036.009<br><br>Findings:<br><br>A review of Staff C record revealed on [redacted] a successful completion of facility specific policies and procedures including | A 090 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11965368 | A. BUILDING: _____ B. WING _____ | 12/20/2023 |

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|---|---|---|---|---|
| A 090 | Continued From page 13<br><br>honoring and order, law and forms and liability.<br><br>On at 2:42pm during an interview Staff C was asked What is a ? Staff C stated, " No, . They have that in their book or look for the file. If you're really not sure. I don't know where the file is or who is on . I really don't know."<br><br>On at 6:00pm The Wellness Director and Administrator confirmed the findings.<br><br>A review of caregiver A's personnel record revealed a hire date of . The record contained a 1-hour certificate of training. However, during an interview on at 11:05 am when asked what a was, how did she identify a resident with a and what is the facility's policy, caregiver A responded "I don't remember" to all related questions.<br><br>Class III | A 090 | | |