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
	AL11967905	A. BUILDING: _____ B. WING _____	12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSHORE GUEST HOME	512 BAYSHORE RD NOKOMIS, FL 34275

(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 An unannounced relicensure, emergency power plan, limited nursing services, health facility reporting system, generator, visitation form, and complaint survey for #2022016639 and #2023004098 was conducted on at Bayshore Guest Home, an assisted living facility in Nokomis, Florida. Complaint #2022016639 was unsubstantiated. Complaint #2023004098 was unsubstantiated. The following is a description of the deficiencies.	A 000		
A 009 SS=D	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any;	A 009		

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A 009	Continued From page 1 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any; 10. The facility rules and regulations that residents must follow as described in Rule 59A-36.007, F.A.C.; 11. The facility policy concerning . . . . . pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with 's and related . . . . . , a written description of those special services as required in Section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not	A 009		

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A 009	Continued From page 2 already been provided, 3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to include all required information in the admission packet.	A 009		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.	A 078		

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A 078	Continued From page 3 (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a 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,	A 078		

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A 078	Continued From page 4 and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure that newly hired staff had a written statement on record within 30 days of hire, completed by a health care provider documenting that the individual did not have signs or symptoms of communicable for 2 (Director of Nurses and Staff E) of 5 records reviewed. The findings included: 1. Record review for Staff E, Caregiver found she was hired on . Further review found no written statement on record within 30 days of hire, completed by a	A 078		

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A 078	Continued From page 5 health care provider documenting that the individual did not have signs or symptoms of communicable . . . . . for Staff E. 2. Record review for the Director of Nurses found she was hired on . The information was completed by a nurse. The form had a free from communicable statement, but had no signature of a health care provider i.e.: medical doctor, doctor of , , advanced practice registered nurse or physician assistant. The Administrator acknowledged the lack of health statement on at 5:00 p.m. Class III	A 078		
A 080 SS=D	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting	A 080		

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A 080	Continued From page 6 . . . . . , neglect, and . , ... (c) Special needs of elderly persons, persons with mental illness, and persons with . . . . , . . . and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with 's and related . . . . . . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test. (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , . , and managers who attended the core training program prior to , . , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468,	A 080		

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A 080	Continued From page 7 part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the Administrator did not have documentation of 12 hours of continuing education for 2021 through 2023 in topics related to Assisted Living Facilities (ALF). This has the potential to ensure the Administrator is not up-to-date on the Rules and Regulations and topics pertaining to Assisted Living Facilities. Lack of 12 hours of continuing education training in ALF topics in 2 years, requires a repeat competition of Core Training and successful passing of the competency test for correction per 59A-36.011(1)(d)1 and 2. The findings included:	A 080		

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A 080	Continued From page 8 A review of the Administrator's personnel record maintained at the facility revealed the following: 1. A 1 hour medication technician refresher course dated . 2. A 6 hour assistance with self administration of medication training dated . 3. A 1 hour Rights and training dated . 4. A 1 hour Incident and Adverse Incident training dated . 5. A 1 hour Control training - no time (1 hour added later) - with no content and no agenda, dated . 6. A certificate of 26 hours of Core Training dated . This equals 10 hours not 12 hours in 2021 and 2022 or 9 hours in 2022 and 2023. The personnel record also lacked the certification for passing the Core Training Competency test. The record also contained: An / training dated by a Registered Nurse which lacked content, hours, agenda and nurse credentials. A HIPPA training dated which lacked content, hours, or agenda, and A Home Health Aide training with no hours, no content, no credentials of the trainer - the 2 hours completion time was added later. This however is not a topic related to Assisted Living Facilities, but designed to meet the regulations of a Home Health Agency. On at approximately 3:30 p.m., the administrator said she had trainings. When the Control and Home Health Aide training were returned they had handwritten hours added.	A 080		

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A 080	Continued From page 9 Class III	A 080		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted 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.	A 081		

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A 081	Continued From page 10 (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in 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. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall	A 081		

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A 081	Continued From page 11 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to obtain the required training for	A 081		

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A 081	Continued From page 12 elopement training, emergency procedures including chain-of-command and staff roles relating to emergency evacuation, reporting adverse events, resident rights, recognizing and reporting resident . . . . , and/or safe food handling training for 3 staff (Director of Nurses, D, and E) out of 5 staff records reviewed. The findings included: 1. Record review revealed caregiver Staff D was hired on . Staff D had no documentation of the required elopement training, safe food handling, emergency procedures, evacuation in the employee file. 2 Record review revealed Staff E was hired on . The employee file documented pre-service orientation was not completed prior to interacting with residents but was completed on . . . . . Further employee training regarding resident rights, and neglect was not completed within 30 days of hire. 3. Record review revealed the Director of Nurses (DON) was hired on . The DON had no documentation of the required elopement training, adverse incident, facility emergency procedures, and incident reporting training, in the employee file. On at 5:00 p.m., the administrator acknowledged the lack of training documented in the employees files. Class III	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - /	A 082		

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A 082	Continued From page 13 (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 to ensure 2 (Staff D and E) of 5 staff records reviewed, contained no documentation of , / , , (/) training. The findings included: 1. On , facility personnel records were reviewed. Records for the Staff D and E did not include / training. These 2 staff had been employed for more than 30 days. 2. On at 4:57 p.m., the Director of Nursing said she was not aware the staff did not have the required training. 3. On at 5:00 p.m., the administrator said everything related to training that they had, was already provided. She was not aware of the missing education in the employees' files. Class III	A 082		

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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 090	Continued From page 14	A 090		
A 090 SS=D	59A-36.011(11) FAC Training - . . . (11) TRAINING. (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 . (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 . . within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure 1 (Director of Nurses) of 5 employee records reviewed lacked the Facility's training. The findings included: A review of the Director of Nurses (DON) employee file on . . . . revealed the DON was hired on . Further review revealed the file contained no documentation of the . . . training. On at 5:00 p.m., the administrator said everything related to training that they had, was already provided. She was not aware of the missing education in the employees' files. Class III	A 090		

Agency for Health Care Administration

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	AL11967905	A. BUILDING: _____ B. WING _____	12/11/2023

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A 167 SS=D	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, 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 [illegible] 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 [illegible] 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,	A 167		

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A 167	Continued From page 16 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 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.	A 167		

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A 167	Continued From page 17 (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 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	A 167		

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A 167	Continued From page 18 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 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	A 167		

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A 167	Continued From page 19 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 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 include all of the required information in	A 167		

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A 167	Continued From page 20 the Contract per Chapter 429.24 Florida Statutes and 59A-36.018 Florida Administrative Code. The findings included: A review of the Contract found the following: 1. The Basic Services on page 3 did not include assistance with eating, toileting or transfer. During the noon meal on 2 residents were observed being assisited to eat. 2. The facility has a Limited Nursing Specialty license, yet the contract did not include the services to be provided nor the cost of such services. 3. The facility was observed to have secure code pads at all exits. The facility signage by the road verified the facility provided Memory Care. The contract lacked any content about memory care services. 4. The refund policy contained in the contract on page 2 lacked the damage clause, written notice and cap of 20 % of rommrate for storeage. 5. The policy and procedures for self administration, assistance with self-administration and administration medications including informed consent and over-the-counter medications. During an interview of at 12:30 p.m., at 3:30 p.m. and 4:00 p.m., the Administrator said she had the Admission Packet and Contract. She said it was her only copy and provided an extra copy at approximately 6:00 p.m. The Administrator verified the copy was the entire Contract used with any new admission and it was complete as she had been using it for the last 13 years. Class III	A 167		

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A 180 SS=D	59A-36.019(1) FAC Emergency Management (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan using "Minimum Emergency Management Planning Criteria for Assisted Living Facilities," AHCA Form 3180-5006, , , incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-15964. The form is also available at: https://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml. The emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with 's or related , and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the county emergency management agency;	A 180		

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A 180	Continued From page 22 (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the county emergency management agency the number of residents who have been relocated, and the place of relocation; and, (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on record review, and interviews, the facility failed to have a comprehensive emergency management plan which included a viable transportation contract including for wheelchair , dependent residents. The findings included: On , review of the facility CEMP disaster plan indicated the facility will use 17 employee vehicles for transport in the event of emergency evacuation , 1 pickup truck, and 1 transportation by Doctors Transport out of Nokomis (van) seating 8 regular and 2 wheelchair transportation. The plan indicated the facility will evacuate to Fairfield Inn and Suites and Holiday Inn and Suites Sarasota for evacuation. There was no evidence of transportation contracts in the CEMP for transportation in the event of evacuation. There was no evidence of mutual aide agreements between the facility and the hotels for evacuation to the hotels for evacuation. During an interview on at 11:30 a.m., the lead med tech stated there are 5 residents in the facility who use wheelchairs. During an interview on at 12:45 p.m., the Administrator stated they do not have a written	A 180		

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A 180	Continued From page 23 mutual aid agreements for the facilities they will be evacuating to and they do not have any written agreements with the employees agreeing to transport residents in the event of evacuation, no written transportation agreement with Doctors Transport they only have an oral agreement, as Doctors Transport did not want to sign the agreement in the event they could not assist with the transportation; however if they cannot assist the facility would call the fire department to help with transportation in an emergency evacuation for disaster. The administrator confirms there are no viable contracts for transportation for the residents for evacuation. Class III	A 180		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. (a) The facility must review and submit its emergency management plan on an annual basis in accordance with section 408.821(1), F.S. 1. A significant modification to a previously approved plan must be submitted within 30 days after the change. For the purposes of this rule, "significant modification" means a change to the information provided in support of the minimum required plan criteria, procedures, memorandums of understanding, contracts, or agreements identified in the plan, or , , that alters the execution of the plan and the required arrangements made therein. Changes in spelling or grammar are not considered significant modifications for the purposes of this rule. 2. Changes in the name, address, phone number, email address or position of staff identified in the plan are not considered significant modifications	A 181		

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A 181	Continued From page 24 for the purposes of this rule. Changes to that information must be submitted to the county emergency management agency as part of the emergency management plan submitted annually. 3. If a change to the emergency management plan is required to be submitted due to a significant modification, the change must be identified and described. 4. A change to the emergency management plan due to a significant modification does not alter the annual review date unless the change is due to a change of ownership of the facility. (b) The county emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (c) Any plan approved by the county emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure and maintain completion of an approved Emergency Power Plan on file at the facility. The facility failed to submit Emergency Power Plan after substantive change for approval. The findings included: On , a request was made to the administrator for documentation of County Emergency Management Plan (CEMP) and Emergency Power Plan (EPP) with approval letter. On at 1:45 p.m., the Administrator	A 181		

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A 181	Continued From page 25 provided documentation of an EPP with an approval letter dated . Further review of the EPP documentation indicated the facility had a portable generator and portable AC units that will be used in the event of loss of power to keep the facility cooled. During an interview on at 2:00 p.m., the Administrator stated the facility has a new generator and her husband will supply any information needed about the generator. During an interview on at 4:46 p.m., the Administrator's husband stated he is one of the maintenance persons. He confirmed the facility has a new generator and it was installed on . He stated the staff has not been trained on how to operate the generator and if it does not come on automatically, they would have to call Generx to come out. On at 4:53 p.m., observation of the facility generator at the rear of the facility revealed a fixed Generx 22 KW generator with propane tank in the ground with 500 gallons of propane to fuel the generator. During an interview on at 5:08 p.m., the administrator stated she has not been trained on how to operate the generator and confirmed the staff had not been trained to operate the generator. The Administrator confirmed there are no written polices and procedures on how to operate the generator. During an interview on at 5:15 p.m., the Administrator confirmed the new generator for the facility was installed in of 2023, and she knows the EPP is to be updated within 30 days of any substantive changes. The Administrator	A 181		

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A 181	Continued From page 26 confirmed she has not submitted the information to emergency management and has not updated the EPP for the facility with the information for the new generator. During an interview on at 6:00 p.m., the administrator stated she has no documentation of an approval for the facility CEMP/EPP for 2022, she states she thinks it was sent in and COVID came and she did not think about it again. The Administrator confirmed she has no documentation that the CEMP/EPP for 2022 was submitted and confirmed the facility has not had an approved CEMP/EPP since 2021. Class III	A 181		