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
	AL11942866	A. BUILDING: _____ B. WING _____	01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS ASSISTED LIVING (THE)	26455 RAMPART BLVD. PUNTA GORDA, FL 33983

(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, health facility reporting system, generator, visitation form, and complaint survey for #2022012861 and #2023008206 was conducted on through at The Courtyards Assisted Living, an assisted living facility in Puta Gorda, Florida. Complaint #2022012861 was substantiated A093. Complaint #2023008206 was substantiated A026, A030, A034, A052, and A0152. The following is a description of the deficiencies.	A 000		
A 008 SS=F	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the	A 008		

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A 008	Continued From page 1 facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of	A 008		

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A 008	Continued From page 2 this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and	A 008		

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A 008	Continued From page 3 whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the	A 008		

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A 008	Continued From page 4 information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , to be administered in the case of or . (f) 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 the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by:	A 008		

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A 008	Continued From page 5 Based on record review, and staff interview, failed to ensure residents admitted to the facility Health Assessment form (1823) are reviewed for accuracy for 1 (Resident #10) of 2 resident records reviewed. The findings included: Record review of the clinical record for Resident #10 revealed he was admitted to the facility on . . . . . Further review of Resident #10's clinical record revealed documentation of a Health Assessment Forms (1823) signed and dated , past the 60 days requirement prior to admission to the facility. On at 9:56 a.m., in an interview, the Resident Care Coordinator (RCC) stated when residents are admitted to the facility the paperwork is reviewed by the administrator, and he puts the chart together and then gives it to her. Resident Care Coordinator states the administrator goes out and evaluates the residents for move in and gets the 1823 health assessments from the physicians. The Resident Care Coordinator reviewed the health assessment for Resident #10 and confirmed Resident #10 was admitted to the facility on and the Health Assessment Form 1823 was signed on more than 60 days prior to admission to the facility. The RCC said, "I will have to get a new one, the Administrator is responsible for the 1823's and gives them to me, I have nothing to do with it." On at 10:52 a.m., in an interview, the Administrator stated himself and the RCC are responsible for reviewing and putting the resident charts together when they are admitted to the facility. The Administrator stated he gets the	A 008		

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A 008	Continued From page 6 Health Assessments Form 1823's done right when they move into the facility. The Administrator reviewed the health assessment for Resident #10 and confirmed it was completed and signed by the physician on ..... and the resident did not move into the facility until ....., which was more than 60 days prior to move in and does not meet regulatory requirement. Class III .	A 008		
A 026 SS=F	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of	A 026		

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A 026	Continued From page 7 special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to maintain an on-going diversified activities program. The facility failed to demonstrate encouraging residents participation or consultation with selecting, planning, and scheduling activities. The findings included: A review of the facility activity calendar for , revealed a daily movie from 9:00 a.m. or 9:30 a.m., to 11:00 a.m., Monday through Friday, 1 to 1 activity from 11:00 a.m.-12 noon. Cards or Bingo in the afternoon. On at 11:08 a.m., Resident #11 said they only activity offered is Bingo on Monday, Tuesday, Wednesday and Friday. On at 11:20 a.m., Resident #9 said she has gone to the activity room during the day but no one was in the room and the door was locked in the morning. Resident #9 said no one has given her a copy of the activity calendar.	A 026		

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A 026	Continued From page 8 On . . . . at 11:35 a.m., Resident Aide Staff B said the residents have had conflicts with the Activity Director so they really will only participate in Bingo. On at 7:36 a.m., in an interview, the Activity Director said, "I have not had a meeting with the residents about their interests or preferences. I've never called a meeting with them. I have not been invited to the resident council. I do not do 1 to 1 activities with the residents. The Activities Director confirmed she does not document who attends activities and does not provide activities for residents that do not come out of their rooms. The 1 to 1 is not really an activity, it is designed for the resident to come down and talk if they need someone to listen to. On at 12:40 p.m., in an interview, the Administrator said there is an activity calendar (copy provided). The Activity Director is there but the residents have very little interest in activities. They do a lot of 1 to 1, she sits and talks with them. There is no wheelchair accessible vehicle here. If they want to go out, they would have to arrange transport and pay for it. Class III .	A 026		
A 030 SS=G	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary	A 030		

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A 030	Continued From page 9 provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [illegible], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96-[illegible] or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident [illegible], neglect, and [illegible]; 6. Administrative and housekeeping schedules	A 030		

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A 030	Continued From page 10 and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . . . . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.	A 030		

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A 030	Continued From page 11 (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this	A 030		

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A 030	Continued From page 12	A 030		

paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.

(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , , , , , , , , , , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and

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A 030	Continued From page 13	A 030		

advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , , or , under state law,

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
	AL11942866	A. BUILDING: _____ B. WING _____	01/09/2024

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COURTYARDS ASSISTED LIVING (THE)	26455 RAMPART BLVD. PUNTA GORDA, FL 33983

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A 030	Continued From page 14 managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure each resident had access to a private phone and mailbox for 1 (Resident #19) of 10 resident's reviewed. This had the potential to impact all 50 residents. The findings included: On at 7:36 a.m., in an interview, the Activities Director said there is a phone in the facility lobby. It is locked up and put aware outside of office hours. There are only a couple residents with cell phones, the rest have to use this phone if they want to make a call. On at 8:53 a.m., in aninterview, Facility Caregiver Staff C said, "If someone wants to make a phone call they can use the phone in the medication office." On at 10:30 a.m., in an interview, Resident #19 said she received a personal phone call at the facility regarding a past due bill. Staff	A 030		

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A 030	Continued From page 15 asked who was calling and what the nature of the call was. Resident #19 said following the call the staff person was mocking her and kept saying "pay your bills." It made her feel horrible. On at 2:30 p.m., in an interview, the Administrator confirmed the phone was put away entirely for about a week in or . The residents can ask for privacy if they want privacy. I have not asked people if they mind having their calls in the lobby. Further the Administrator confirmed there are mailboxes that do not have locks in them. I don't know how long it has been like that. There are 40 mailboxes for 50 residents, they can share mailboxes if they need one. Class II	A 030		
A 034 SS=F	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good	A 034		

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A 034	Continued From page 16 repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, staff and resident interviews, the facility failed to provide documentation of assistive devices in the resident record. The facility also failed to ensure procedures and methods for assessing the physical condition and procedure for recommending repair or replacement for the continued use of the assistive devices for 3 (Residents #6, #13, and #17) of 3 residents reviewed for side rails. The findings included: 1. On . . . . at 11:15 a.m., Resident #6 was observed with side rails on the bed. Resident #6 said he did not request them. (Photographic documentation obtained) On at 11:20 a.m., Resident #13 was observed sitting on the side of his bed with the side rail in the raised position. (Photographic documentation obtained) On . . . . at 11:23 a.m., Resident #17 was observed in her room with a metal siderail. (Photographic documentation obtained). The side rail appeared dirty and one side rail was off the bed on the floor. The wheelchair seatback was dirty and stained. (photographic documentation obtained). 2. On at 1:30 p.m., in an interview, the Health and Wellness Director (HWD) said three	A 034		

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A 034	Continued From page 17 residents have side rails. The HWD said there was no documentation in the resident records. There was no special process for assessing the condition of the side rails or needed repairs. The HWD said she did not have any physician order, no consent, and no other documentation regarding assessment for use of side rails. On . . .. at 12:15 p.m., in an interview, the Administrator said the Maintenance Director is responsible for repairs. Staff will either tell him or write in the logbook what is needed. On at 9:01 a.m., in an interview, the Maintenance Director said if he sees something broken or dangerous to a resident, he will try to fix it and help them out. There is no specific process for installing, checking and repairing siderails and other adaptive equipment. Class III .	A 034		
A 052 SS=I	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,	A 052		

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A 052	Continued From page 18 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. (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.	A 052		

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A 052	Continued From page 19 (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] 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 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	A 052		

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A 052	Continued From page 20	A 052		

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 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.

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A 052	Continued From page 21 (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 staff and resident interviews, the facility failed to ensure residents requiring assistance with self-administration received the prescribed medications for 6 (Residents #1, #2, #4, #8, #9, #13,and #16) of 6 residents reviewed for assistance with self-administration of medications. The findings included: 1. On at 7:30 a.m., Resident # 4 was observed during morning medication pass. Medication Technician (MT) Staff A handed the medication cup to Resident #4 and did not tell the resident what medications were in the cup or the purpose of the medications. On at 7:47 a.m., MT Staff A provided Resident #16 with a medication cup containing 6 pills. The resident was not informed of the names or purpose of the medication. On at 7:55 a.m., Resident #8 was handed a medication cup with 8 medications in the cup. The resident was not told the name or purpose of the medication. The MT Staff A did not have E, Bone, , Cream, . The name of the medications was not provided to the resident. Staff A said the	A 052		

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A 052	Continued From page 22 medications were not provided because the resident refused them. Resident #8 said she has not refused any medication. On [redacted] at 8:11a.m., Resident #13 was given 11 pills, MT Staff A did not inform the resident what medications he was taking. 2. On [redacted] at 11:55 a.m., in an interview, Resident #9 said she missed her 9:00 a.m. medications yesterday. She said she overslept and no one came to get her. She said the Medication Technician said he can't give them after 9:00 a.m. She said staff would not give her the meds when she went down and they did not call her doctor to let him know she did not get the meds. On [redacted], record review revealed Resident #9 was prescribed and not getting the following medications: [redacted], 25/100 mg 1 x a day. [redacted] is a [redacted] promoter used to treat [redacted]'s [redacted]. [redacted] 25 mg 1 in a.m. [redacted] is a [redacted]. Amolodipine 5 mg 1 in a.m. Amolodipine is a [redacted] channel blocker used to treat high [redacted], [redacted] 40 mg in a.m. [redacted] a proton pump inhibitor used to treat [redacted] refux [redacted]/[redacted]. Capsule 12000 units 1 in a.m. [redacted] is a pancreatic medication. 1 gm in a.m. [redacted] is an [redacted] 500 mg in a.m. [redacted] is an [redacted]. [redacted] 1 mg in a.m. [redacted] is used for [redacted]. [redacted] 20 mg in a.m. [redacted] is a [redacted].	A 052		

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A 052	Continued From page 23 , 0.5 mg in a.m. , is a , promoter used to treat 's 40 mg in a.m. is a blocker used to treat high , Solution 10 gm/15 ml in a.m. Solutionis a . 550 mg in a.m. is used to treat 650 mg in a.m. is used as an . 20 med Extended Release in a.m. is used to prevent low levels of , in the . On at 2:10 p.m., in an interview, Resident #1 said there are so many medications in the morning. Resident #1 said, "When I ask what they are, they say they don't know and get frustrated with me." On at 2:20 p.m., in an interview, Resident #2 said she has numbness related to , and is too weak to get to the medication room in the morning. The medication technician will bring them to my room at 8:00 p.m. and 11:00 p.m. but not so much in the morning. They told my doctor I refused the medication which I did not. On , record review revealed Resident #2 was prescribed and not getting the following medications: , Cap 300 mg twice a daily. Gabapetine is a and , medication. Tab 8 mg 1 x a day. is a stoll softner. Ezetimbie 10 mg 1 x daily. Ezetimbie is a medication. 5 mg tab 1 x a day. is a	A 052		

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A 052	Continued From page 24 . . . . relaxant. Duloxentine capsule 30 mg 1 x a day, Duloxentine is an . . . . . and . . . . medication. On at 2:45 p.m., in an interview, MT Staff A said the residents are required to come to the medication room to get their medications. If they don't come, we mark refused on the medication record and are supposed to put a note in the chart and let the HWD know the resident is not taking their medications. To be honest we don't have time to document any note in the record. Staff A said no residents have a waiver on file. On at 3:16 p.m., in an interview, the Administrator said the Medication Technician should identify the resident, check the medications they are on, inform residents of the medications and document what meds they are given. We do not have a policy for Self-Administration of medications. The Administrator said everyone should be coming to the med room for their medications, if someone is not feeling well, the med tech will probably bring their medications to the room. If the resident refused the medications, then they document they refused the medication. Not coming to the med room should not constitute a medication refusal. The Administrator said the staff person must document and have a verbal conversation with the resident why they are not taking the medications instead of just charting medications refused. On at 12:10 p.m., in an interview, MT Staff D said she works the night shift and weekends. She said if the resident does not come to the medication room, She leaves them until she is finished, then she mark's the medications as	A 052		

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A 052	Continued From page 25 refused. She said for the past 2 years she had not seen any paperwork or training for her to ask why they refused. She says she don't write anything down or call anyone. She said that was what she was trained to do. She said noone ever asked her to call the doctor, that is the HWD's [Health and Wellness Director] job. She said the residents know what they are taking. If there is something missing or they ask, ishe will tell them about it. She said noone ever asked me to have a . . . .-to-. . . . conversation with the resident about not taking their medications. On at 1:50 p.m., in an interview, the HWD said, "I guarantee there is no documentation of anyone calling the physician about missed medications, my notes are the only notes in the chart. The medications refused are from the weekend or evening shift when I am not here." Class II .	A 052		
A 055 SS=F	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter	A 055		

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A 055	Continued From page 26 medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other	A 055		

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	AL11942866	A. BUILDING: _____ B. WING _____	01/09/2024

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A 055	Continued From page 27 residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, and staff interview, the facility failed to keep medications locked in a central area for residents who have medication assistance from the facility for 4 (Residents #4, #12, #17 and #20) of 5 residents reviewed for	A 055		

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A 055	Continued From page 28 medication storage. On at 11:00 a.m., during a facility room tour the following medications were seen in resident rooms: Resident #17 was observed with , and cream on her bedside table. (photographic documentation obtained) Resident #20 was observed with 2% cream and .77% cream on bedside table. (photographic documentation obtained) Resident #4 was observed with D3, Super B- , 2 medication cups, one with 4 tablets in it, the other with 6 tablets in it. (photographic documentation obtained). The Health and Wellness Director was observed to removed the medications from the room. Resident #12 was observed with 2 bottles of "severe and liquid". (photographic documentation obtained). 2. On at 3:16 p.m., in an interview, the Administrator said "We have no policy regarding medication storage; and no policy for self-assistance of medication. The staff are instructed to do what they were taught in their medication technician training." Medications should either be locked in the medication room or in a locked box in the resident's room. Class III	A 055		

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A 093	Continued From page 29	A 093		
A 093 SS=G	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of	A 093		

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A 093	Continued From page 30	A 093		

the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.
1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.
2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.
(e) Therapeutic diets must be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility.
2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal.
(f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal.

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A 093	Continued From page 31 Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide a therapeutic diet for 2 (Resident #2 and Resident #19) of 2 residents as ordered by healthcare provider. This has the potential for populations to develop major because of , and the potential risk of a choking hazard. The findings included: 1. Record review on of Resident #2's	A 093		

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A 093	Continued From page 32 record, showed an order from a healthcare provider dated on stating that the resident needs to have a soft, blended [puree] diet all the time. During an interview on at 12:10 p.m., Resident #2 stated that she has only eaten 1 out of the last 21 meals, because the facility failed to provide a blended diet for the resident. 2. Record review on of Resident #19's record, showed an order from a healthcare provider dated on stating that the resident needs to have a mechanical soft diet with thin liquids. Observation on of Resident #19's meal showed the resident had been served a plate of food consisting of Chicken Alfredo and broccoli, because the facility failed to provide a mechanical soft diet for the resident. The chicken pieces observed were approximately 1.0 to 1.5 inches by 0.5 inches of pulled apart chicken. 3. During an interview on at 12:20 p.m., Resident Assistant Staff B confirmed that the Kitchen Supervisor does not provide a therapeutic diet to Resident #2 or Resident #19 as ordered by a healthcare provider. During an interview on at 12:30 p.m., Resident Care Coordinator confirmed that the Kitchen Supervisor does not provide a therapeutic diet to Resident #2 or Resident #19 as ordered by a healthcare provider. During an interview on at 12:45 p.m., when asked about residents on therapeutic diets, the Kitchen Supervisor stated that she wasn't sure what was meant by a 'therapeutic diet'. She then	A 093		

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A 093	Continued From page 33 asked if it meant '. . . . . ' and pointed to a list of residents on diets which is displayed on the refrigerator in the kitchen. The . . . . . diet list did not include Resident #2 or Resident #19. When asked if she provides mechanical soft diets for Residents #2 and #19, she stated that Resident #2 never comes to the dining room to eat and then stated that she did not have time for all this. Class II .	A 093		
A 152 SS=F	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, 3. A dresser, or other furniture designed for storage of clothing or personal effects,	A 152		

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A 152	Continued From page 34 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, and resident and staff interviews, the facility failed to maintain a clean, safe, comfortable and decent living environment for residents by failing to make building repairs, missing floor tiles in rooms creating a trip hazard. Not maintaining a sanitary environment has the potential to cause and cross contamination and bio growth. The findings included: On , during a tour of the facility the following was observed: # , the sliding door to courtyard had blinds missing slats, and large cobwebs on the ceiling in room. # , had large cobwebs on the ceiling in the room. # , bathroom shower knob for the hot water was observed broken; the floor next to bed was heavily soiled with grime and debris; the	A 152		

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A 152	Continued From page 35 dresser in closet had broken drawers. # . . , the slat at the bottom of the cabinet was broken and peeling; the bathroom fan not working. # . , the sliding door . . was missing slats; the bathroom vanity door was broken; the blue basin underneath the air condition unit was heavily soiled with grime, debris, and black bio growth. # . . ., a hole was gouged in wall and the paint on the walls were peeling; flooring peeling, lifting, and was held down with black tape; the paint was peeling on the interior of the room door. # , the baseboard was missing from the wall; a hole was gouged in the wall; the vanity cabinet was peeling; the smoke detector was missing from the ceiling with exposed wires hanging loose; the light fixture was missing a cover and the entrance door had large gouged areas. # , flooring was lifting and uneven; smoke detector was open and there was no battery and therefore not working. # , floor tiles missing in room closet. # , interior windowsill was heavily soiled with grime and debris; base board in room was peeling from the wall. # , vanity cabinet was broken and peeling; interior of windowsill was heavily soiled with grime and debris, light fixture missing the cover, toilet had dry feces on the seat, and the bathroom was missing a towel/grab bar.	A 152		

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A 152	Continued From page 36 # , sliding door blinds were missing slats. # , window was heavily soiled with grime and debris. # , bathroom sink was heavily soiled with grime, debris; closet wall entrance was peeling; a large hole was gouged in the wall with metal protruding, creating a hazard; ceiling fan was heavily soiled with grime and debris; of bed was broken and it had a hole in bed frame, with metal hanging off the bed creating a hazard; interior of room door heavily soiled, hole gouged into the room wall. # , vanity cabinet doors broken, black bio growth at the of the bathroom sink, sliding door to courtyard lock was broken and does not lock the door, hole gouged in room wall. Front entrance lobby had a large hole in the ceiling. The Dining Room coffee station sink cabinet was heavily soiled, stained, and had black bio growth on the cabinet. The bottom of kitchen cabinet was heavily soiled with black bio growth. 2. On at 10:15 a.m., in an interview, the Resident Care Coordinator said she has been trying to get the rooms cleaned for the last 2 weeks, and she told the Administrator. Nothing has been done. Resident care coordinator confirmed large cobwebs on the ceiling in the room and the sliding door missing slats in # . On at 10:20 a.m., in an interview,	A 152		

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A 152	Continued From page 37 Housekeeper Staff C said she cleaned the room last Friday. Staff C toured # , # and confirmed the large cobwebs in the room. Housekeeper Staff C said "I see them." And walked out of the rooms. On . . . . at 10:20 a.m., in an interview, Resident #8 said she had to shower in water 2 days ago as there was no hot water. The shower knob for the hot water was broken. On at 12:15 p.m., in an interview, Resident #15 said she has asked to have the vanity replaced with no response. Her sliding door lock is broken, and anyone can come in and when the door is opened it comes off the track. She said when she spoke to staff about the hole in the wall they told her it was cosmetic, and nothing was done. On . . . . at 12:38 p.m., in an interview, the Kitchen Supervisor confirmed there was black bio growth on the bottom of the kitchen cabinet. The Kitchen Supervisor said, "The shift staff are required to clean the kitchen, but they are not doing their jobs." On at 9:19 a.m., during a tour of the rooms with the Maintenance Director, he confirmed the findings. He said he was not aware of the broken dressers, or the fan in . . # . .'s bathroom not working. The Maintenance Director stated the vanity in . . # . needs to be replaced. He said the Administrator was made aware and told him it is not in the budget. **Photographic evidence obtained** Class III .	A 152		