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
	AL11965366	A. BUILDING: _____ B. WING _____	01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SLOAN HOME OF CENTRAL FL INC	307 S HIAWASSEE RD ORLANDO, FL 32835

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on review of the facility's background screening clearinghouse and interview, the facility failed to report the initial employment status within 5 business days for 1 of 4 sampled staff (A). Findings: On at 9:20am Staff A stated she has been at the facility for about 2 weeks. On at 10:00am review of the Background Roster revealed Staff A was not listed. A record review of Staff A revealed the application date of . On at 2:30pm The owner stated, Oh she's not on the background roster. I'll have to let the Administrator know.	CZ814		

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CZ814	Continued From page 2 Unclassified	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ˬ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or . . . . . ˬ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ˬ , must be provided in electronic format. Screening results shall be reviewed by	CZ815		

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CZ815	Continued From page 3	CZ815		

the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an . . . awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.

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CZ815	Continued From page 4 (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or . . . . . with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing	CZ815		

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CZ815	Continued From page 5	CZ815		

agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.

(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.

(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.

(7) The agency and the Department of Health

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CZ815	Continued From page 6 may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select,	CZ815		

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CZ815	Continued From page 7	CZ815		

or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other

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CZ815	Continued From page 8 monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or . . . for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observations and interviews the administrator who is responsible for the day-to-day operations failed to conduct a level 2 background screening for 1 of 1 person who had access to services directly to clients, personal property or living areas. Findings: On at 9:15am An interview with the owner stated the bus owner had access to the residents and their belongings. The owner stated the owner of the bus comes in through the door which is adjacent to resident #2 and a vacant room previously occupied by resident #4. On at 10:21 am Resident #3, whose room is located at the front of the facility stated oh the bus in the . The owner of the bus, he's a nice man and he helps me with my TV. No, he does not come in all the time, only when I call him.	CZ815		

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CZ815	Continued From page 9 On . . . . . at 10:40 am Resident #5 stated the owner of the bus lives in the bus and has been living there for about 1 year. The owner of the bus comes inside quite often when Staff B was here. Resident #5 stated the owner of the bus was just inside a couple of days ago. On at 9:15 am The owner stated the bus belongs to a friend of her son along with the gray pickup truck. To be honest, when the owner of the bus needs to use the bathroom, he comes inside. The owner stated I don't know how often he comes inside because I'm not always here. On . . . . . at 2:20 Observation of the owner of the bus arriving to the facility to speak with the owner. He did not respond when asked if he comes inside the facility. However, he was able to identify the residents by name and stated he has thrown out the trash for resident #3. On at 2:30pm Staff A stated yes, I've seen the owner of the bus before, and he comes inside but only to use the bathroom. The owner of the facility allowed the owner of the bus to have access to the residents and access to their personal property without supervision and background screening. Unclassified	CZ815		
CZ821	59A-35.110(. .) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is	CZ821		

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CZ821	Continued From page 10 required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident	CZ821		

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CZ821	Continued From page 11 as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On	CZ821		

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CZ821	Continued From page 12 Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the	CZ821		

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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
CZ821	Continued From page 13 online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on the facility's review and interviews the facility failed to submit an adverse incident report electronically to the Agency within 1 business day after the occurrence of the incident, and 15 calendar days after the occurrence of an incident for 1 of 6 sampled residents (#2). Findings: A record review of resident #2 revealed a facility's admission date of . A Health Assessment (1823) indicates a medical history of 's, Right , and identified as a risk. On at 10:06am The entrance conference was conducted with the owner and requested copies of any incident reports since . On at 10:08am The owner stated, "I'm sorry I don't have the incident reports. I spoke with Staff B as she's the one who sent resident #2 out to the hospital. The owner stated I guess I didn't complete it. So, according to the regulations I need to complete the report every time they go to the hospital? It was explained to the owner an assessment is needed for each resident that is sent out to the hospital for a higher level of care.	CZ821		

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	AL11965366	A. BUILDING: _____ B. WING _____	01/31/2024

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CZ821	Continued From page 14 A Hospital Visit Summary dated - revealed resident #2 was seen for a , initial encounter. Patient with . Place sling. , management. A Hospital Visit Summary dated revealed resident #2 was seen for Injury. A diagnosis stated injury due to , of left temporomandibular area without foreign body. On at 12:20pm Staff A stated Resident #2 had 3 since I've been here. I've been trained on completing an incident report. On at 1:25pm The owner stated I did not do an incident report for the before or after the return from the hospital. However, the owner confirmed Resident #2 sustained 3 . On at 12:21pm The Administrator stated as for the Adverse Incident Report (AIRs), I'm responsible and would complete the AIRs. I'm not sure when the last time one was submitted and I'm not aware of an AIRs submitted for Resident #2. Unclassified	CZ821		
A 000	Initial Comments 2024001101 A complaint investigation 2024001101 was conducted at Sloan Home of Central Florida Inc from - . The facility had deficiencies at the time of the survey.	A 000		

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A 025	Continued From page 15	A 025		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.	A 025		

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A 025	Continued From page 16 (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide care and services appropriate to meet the needs of residents by not providing adequate supervision and ensuring safety through proactive measures to minimize and injuries for 1 of 6 sampled residents (#2). Findings: A record review of resident #2 revealed a facility's admission date of , with a Health Assessment (1823) dated indicating a medical history of 's, Right , and identified as a risk. A Hospital Visit Summary dated - revealed resident #2 was seen for a in the initial encounter and patient was noted to have a and was placed in a	A 025		

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A 025	Continued From page 17 sling for management and returned to the facility upon discharge. A Hospital Visit Summary dated revealed resident #2 was also seen for a Injury. A diagnosis stated injury was due to with of the left temporomandibular area without foreign body. The resident was discharged to the facility on the same date . Review of a Hospital Abstract Clinical Note dated confirmed Resident #2 was seen on at 5:15pm for a chief complaint of / injury and was seen on and discharged to facility on after a . Continued review of resident #2's records did not reveal any documentation of an incident report for either of the 2 , and no documentation of preventions or interventions for future . Continued record review did not find any risk assessments or observation notes of what occurred and resulted in the . When a policy was requested for review, noted they did not have a facility policy for . Interview on at 12:20pm with Staff A stated she thought that resident #2 out of bed and saw only " " when she was here in , but she's had 3 since I've been here, stating she had just returned last week. Continued interview with Staff A noted when Resident #2 is awake, she requires someone to be with her at all times. Staff A confirmed she had completed all training for resident rights, , neglect, and , and had been trained on completing incident reports.	A 025		

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A 025	Continued From page 18 On . . . . . at 1:25pm interview with owner noted she did not complete an incident report from the . . . . or . . . . . before or after the return from the hospital but confirmed Resident #2 had multiple . . . On . . . . . at 1:44pm another interview with the owner found Staff B told her that resident #2 slid off the sofa in . . . . but there was no documentation done. The owner stated, she told Staff B to document the . , but did not follow up or check to see if Staff B completed the documentation. And according to the owner staff B was the one who sent resident #2 out to the hospital. On . . . . . at 2:22pm the owner stated the camera does not work but that her son is supposed to check it. She continued to say she didn't know how long they had not been working and confirmed she is responsible for the maintenance. On at 11:09am The owner stated she didn't have a . . or . . . . . policy if it was not in the policy and procedures binder, and upon review, it was not. The owner stated to prevent , she makes sure they don't again, stating she talks to the caregivers and makes sure they watch the residents. The owner explained she tells the residents to make sure they call for assistance before getting up. Continued interview noted that according to the owner there was no training done with staff for prevention of , and that if a resident has a . , she talks to them and reminds them to just be careful. On at 11:30am The owner stated, for Resident #2 they try to watch her as much as they can for safety, to make sure she doesn't .	A 025		

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A 025	Continued From page 19 On at 12:21pm The Administrator stated she tries to make it by the facility monthly when she can, stating she oversees the operations, implements policies, and conducts required training. She stated she delegates a lot of responsibilities to the owner. In reference to prevention and interventions, stated depending on the and if they go out to the hospital, we try to get an order from the doctor for , to come for strengthening, ensure it's a safe environment, and not have too many rugs. She stated they have not started any training yet. She stated she is responsible for ensuring the Adverse Incident Report (AIRs), are completed when needed and was not sure when the last time a report was submitted. Administrator also stated she was not aware of any AIRs submitted for Resident #2. Class II	A 025		
A 030 SS=J	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 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	A 030		

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A 030	Continued From page 20 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; , 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- 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 , neglect, and ; 6. Administrative and housekeeping schedules 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.	A 030		

Agency for Health Care Administration

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A 030	Continued From page 21 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. (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	A 030		

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A 030	Continued From page 22	A 030		

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

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A 030	Continued From page 23 (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 [illegible], 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 [illegible], 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 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, [illegible], 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	A 030		

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A 030	Continued From page 24 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, 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	A 030		

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A 030	Continued From page 25 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 observations, record reviews and interviews, the facility failed to protect the rights of every resident and provide a safe and decent living environment free from [redacted] and neglect, and ensure residents be treated with consideration and respect with due recognition of personal dignity for 4 of 6 sampled residents (#2, #3, #5, #6). Findings: Observation of resident #2 on [redacted] at 3:02pm revealed [redacted]-like markings on the [redacted] of both [redacted] and [redacted]. Record review for resident #2 revealed a facility's admission date of [redacted]. A Health Assessment (1823) indicated a medical history of [redacted]'s, Right [redacted], resident to be [redacted], and identified as a [redacted] risk. On [redacted] at 9:28am Resident #5 asked if the surveyor had seen the video given to resident #2's son. He explained that he would rather the surveyor look at the video than talk to her about it. The resident stated he is abused all the time by Staff B, and she is not fit to be around people. Resident #5 stated Staff B hit him in the [redacted] of the [redacted] one time, saying, "I don't report anything to the owner, she's a liar." A 17 minute and 23 second video was noted to	A 030		

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A 030	Continued From page 26 be taken on Saturday, ... , . . , . . . , at 7:01pm, provided by the Complaint Administrative Unit (CAU), and revealed an incident where Staff B was seen grabbing, pushing, and shoving Resident #2 repeatedly, with video time sequenced observations noted below. 5:17: Staff B observed brushing something out of Resident #2's . . . . , grabbing both of resident's placing them behind her and shoving her into a nearby chair. 6:07: Staff B grabbing Resident #2 by her right and shoving her telling her to that way. 6:17: Staff B pushing Resident #2's right . . , to take her away from her. 8:19: Staff B snatching what appeared to be a rag from Resident #2's . . . . 8:53: Staff B reaching across the table and banging her . . down on the table making loud noises and yelling at Resident in an unidentifiable language. 10:11: Staff B pulling on the of Resident #2's sweater then reaching around and grabbing her from her left arm, pulling on Resident as she yelled out, forcing her to walk backwards and again shoving Resident into the nearby chair. 10:26: Staff B beginning to talk loudly in Resident #2's when Resident gets up from the chair. 10:48: Staff B grabbing Resident #2 from the . . . . , calling her by name telling her to get out of her way and continuing to hold Resident and shoving her again into the nearby chair and Resident immediately gets up.	A 030		

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	AL11965366	A. BUILDING: _____ B. WING _____	01/31/2024

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A 030	Continued From page 27 14:07 Staff B yelling at Resident stating don't come in my . . . 14:41 Staff B turning off the light in the dining room while Resident is standing at table. 16:32 Staff B heard yelling at Resident saying, "don't put your . . . in my . . .". 16:33 Staff B observed standing in front of the side table to the right of the camera yelling at Resident saying again, "don't put your . . . in my , don't do it again". On at 10:12am, interview with Resident #6 noted she had only been in the facility two weeks, but Staff B was here when she moved in, and she had heard Staff B yelling at Resident #2 and #5 before. The resident further stated she witnessed and was present during the incident at the dining room table when Staff B was yelling and putting her . . . on resident #2. On . . . . . at 10:21am interview with Resident #3 noted she also witnessed the event that happened at the dining room table between Staff B and Resident #2 and stated Staff B yells at everyone. Resident #3 also stated Resident #2 is stubborn and does not listen and she had observed Staff B grab Resident #2 around the . cage to sit her down to eat, stating this occurs during all the meals. On . . . . . at 11:50am interview with the owner noted she said she didn't know anything about it until Department of Children and Families arrived at the facility. The owner also stated Resident #2's POA called and informed her that he was calling the cops because he heard Staff B	A 030		

Agency for Health Care Administration

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A 030	Continued From page 28 was abusing his mom. The owner noted Staff B's last day worked was Tuesday, , but stated she is still employed; she is just on vacation. Owner stated she had asked Staff B about the incident but didn't complete any investigation or write anything down nor did Staff B write a statement, and indicated she didn't know the actual date Staff B was seen abusing Resident #2. Interview on at 12:20pm with Staff A noted she had not witnessed any , towards Resident #2 by Staff B and denied being present when the incident happened with Staff B pulling, pushing, and shoving Resident #2. Staff A stated the residents told her about it, but more so resident #5 told her about it a few weeks ago, stating something happened. When asked, Staff A stated Resident #2 had never told her that Staff B hurt her in any way. On at 2:22pm, interview with the owner noted the camera does not work but her son is supposed to check it. She stated she didn't know how long the camera had not worked, stating she is responsible for the maintenance. The camera is located in the common area of the facility. On at 2:44pm. Continued interview with owner noted Staff B is on vacation and then after hearing what happened she told her not to come . She stated she had called her several times and finally spoke with her on Saturday, . When asked about possible documentation of her conversation with Staff B, the owner stated "No, I didn't document anything. I just spoke with her on the phone". When asked, the owner could not provide a policy	A 030		

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A 030	Continued From page 29 for . . . . . , neglect, and . , ... nor a policy on resident rights. There was no documentation provided during the survey to support the training of Staff A or Staff B in , neglect, and . , ... Further review of the facility policies revealed there is no actual policy or training on . . . . . , neglect, and . , ... On . . . . . , review of the Job Description for a Health Caregiver noted Qualifications of Hire to include: 3. Ability to . . .effectively communicate and Grounds for Dismissal to include: 1. Verbal, physical, or mental . . . . . of any kind. On . . . . . at 3:02pm Resident #2 stated "No", when asked if anyone hit, shoved, or pushed her. Resident #2 showed me her . and said no one hurt her, that maybe she hit something pointing to the door frame. Resident #2 did not respond when asked if Staff B hurt her and continued to walk away. . . . . . at 11:15am Staff A stated resident #5 told her about the video, showed it to her, and she watched it, but stated she didn't report it to anyone. Staff A stated she was not familiar with the Ombudsman or the Elder . . . . Hot Line stating there are a lot of papers around here. Staff A also stated she didn't tell the owner or administrator because she was scared and didn't want to be fired. Staff A also stated resident #5 said he was going to report it and didn't want me to get involved. On . . . . . at 12:21pm The Administrator stated she was unaware of when Staff B was identified as verbally abusing Resident #2, stating she tries to make it by the facility monthly when she can. She stated she oversees the operations, implementation of policies, and conducts the	A 030		

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A 030	Continued From page 30 required training, stating she delegates a lot of the responsibilities to the owner. On at 10:00am The owner confirmed she did not investigate the incident involving Staff B and Resident #2. She also stated she did not follow up with Resident #5 regarding the allegation of Staff B hitting him on the as she stays away from Resident #5 because he is not nice and does not like her. Class I	A 030		
A 077 SS=J	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted,	A 077		

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A 077	Continued From page 31 as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least , ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , , , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the	A 077		

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A 077	Continued From page 32	A 077		

agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:
1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and,
2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.
(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.
(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.

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A 077	Continued From page 33 (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, review of the facility's background screening clearinghouse and interviews, the facility's administrator failed to ensure resident rights were protected by: 1) failing to ensure an environment free from . . . . for 4 of 6 sampled residents (#2, #3, #5, #6), 2) failing to ensure care and services were appropriate to meet the needs of residents and ensuring there was adequate supervision and safety being maintained through proactive measures to minimize . . and injuries for 1 of 6 sampled residents (#2), 3) failing to ensure 1 of 5 sampled persons had an eligible level 2 background screening prior to allowing the person entry into the facility where they had access to resident's personal property and living areas (owner of bus), 4) failing to ensure the facility's background screening clearinghouse was updated within 5 business days of hire for 1 of 4 sampled staff (staff A), 5) failing to ensure a preliminary and full report was submitted to the regulatory agency when 1 of 6 sampled residents required a transfer from the facility to the hospital due to two separate . . that resulted in injuries (#2),	A 077		

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A 077	Continued From page 34 6) failing to ensure the property located behind the facility was kept clean and free of clutter and hazards, and 7) failing to ensure an accurate written work schedule was maintained to reflect the facility's 24-hour staffing pattern. 8) failing to ensure staff received training on , neglect, and , in the facility's policy and procedures. (A, B, owner, Administrator) Findings: Refer (A0030, A0025, Z815, Z814, Z821, A0152, A0079, A0081) On at 8:58am observation of the facility did not reveal the appearance of the administrator during the investigation (-). Personnel record review for the Administrator revealed her hire date to be . A signed job description dated , identified the Administrator as Housekeeper/Caregiver with duties and responsibilities to include ensuring quality of care to residents as the #1 priority. Duties and responsibility expectations also noted maintaining a clean environment to include dusting, making beds, sanitizing, emptying trash containers, replacing supplies, and completing other related tasks as assigned to ensure quality of care to residents. Duties also included reporting all hazardous situations, broken equipment, damaged furniture, etc., as well as following rules, regulations, and procedures. On at 9:28am review of a 17 minute	A 077		

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A 077	Continued From page 35 and 23 second video taken on [redacted], at 7:01pm revealed Staff B grabbing, pushing, and shoving Resident #2 repeatedly. The facility failed to prevent [redacted] for resident #2 who sustained 2 [redacted] with injuries without implementing proactive measures to minimize the continued risks for [redacted]. The facility also failed to document these incidents in the residents' records. The facility failed to obtain a background screening for the owner of the bus who had access to the residents and their personal property when they were allowed to enter the facility to use the bathroom and take out the trash. Review of the background screening clearinghouse roster revealed Staff A, who was hired on [redacted], did not appear on the roster as required by F.S. 408.809 (1) ( ). The facility failed to submit Adverse Incidents for Resident #2 who was sent out to hospital due to [redacted] with injuries requiring a higher level of care on [redacted] and [redacted]. The owner stated during an interview on [redacted] at 10:08am they did not have any AIRs report and on [redacted] at 12:21pm administrator confirmed in an interview no AIRs were completed for resident #2. Observations on [redacted] 9:15am noted facility failed to provide a clean, safe, and home-like environment free of clutter and hazards when the facility allowed the owner of the bus to store 2 [redacted] vehicles (gray pick-up truck and white bus) in the backyard. Additional observations on [redacted] 9:15am found a mattress, 2 [redacted] tanks, and a portable generator (not belonging to	A 077		

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A 077	Continued From page 36 the facility) located in the backyard of the facility. Review of the staffing schedule . . . . . at 11:50am found the facility failed to maintain an accurate 24-hour staffing pattern when the schedule reflected Staff B listed on the scheduled but was no longer employed as of . . . . . Interview on . . . . /20024 at 9:28am with Resident #5 noted he had never met the administrator and didn't know who she was when her name was given to him. Resident #5 went on to express he thought the owner was the administrator. Resident #5 also stated he feels he is abused all the time by Staff B, and that she was not fit to be around people, stating Staff B hit him in the . . . of the . . . one time. Interview on . . . . . at 10:30am with Resident #1 who indicated they didn't know the owner's daughter was the administrator, stating they just knew the owner. On at 12:19pm, interview with Resident #3 stated they thought the owner was the administrator, stating she might have been here, Resident #3 stated staff B never , , . . . , her but Staff B yells at everyone. On at 12:20pm Staff A asked, "who is the administrator?" and stated she thought it was the owner. Again stated, she had met the owner's daughter before, but forgot who she was and said she did not come here, "unless she comes when I'm not her and I'm here 2 days a week". On . . . . . at 11:16am when owner was asked how often administrator is here, she stated the administrator comes when she can.	A 077		

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A 077	Continued From page 37 The administrator failed to ensure staff A, B, owner, and administrator had adequate training on the facility's policies and procedures for . . . . . , neglect, and , . On at 12:21pm interview with the administrator noted she tries to make it by monthly, stating her duties are to oversee the operations, implement policies, and conduct the required training. She stated she delegates a lot of the responsibilities to the owner, but the staff would contact her to let her know if an Adverse Incident Report (AIRs) is needed. The administrator said she was not sure when the last time one was submitted and was not aware when Staff B was identified as verbally abusing resident #2. The administrator also stated they had not started any training yet. On at 10:00am interview with the owner found she stated she was not the manager. The facility has no core trained manager in the absence of the administrator. (photographic evidence obtained) Class I	A 077		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168	A 079		

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A 079	Continued From page 38 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.	A 079		

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A 079	Continued From page 39 b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident	A 079		

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	AL11965366	A. BUILDING: _____ B. WING _____	01/31/2024

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A 079	Continued From page 40 care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that	A 079		

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A 079	Continued From page 41 resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and facility record review the facility failed to maintain a minimum staffing schedule that reflects its 24-hour staffing and only on-the-job staff counted in meeting the minimum staffing hours. Findings: On at 9:28am Resident #5 stated Staff B was fired and has not been since the cops came. Initial interview with the owner on at 11:50 AM stated that staff B was on vacation as of . During the course of the survey additional interviews with the owner revealed she told staff B on not to come . The owner provided a letter of termination dated . However, it was not sent to staff B until . On at 10:08am observation of the	A 079		

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A 079	Continued From page 42 staff schedule revealed , , and were left blank of the scheduled staff. The , schedule revealed Staff B was listed to work on from 7a - 7p. However, Staff A was present during the survey / , and . A review of the facility's Schedule revealed the administrator did not appear on the schedules for and , . at 10:08am the owner stated I did not finish updating the schedule. On at 11:50am the owner stated Tuesday, , was Staff B's last day. That was her last scheduled day she is still employed. She just went on vacation. A review of the , staff schedule revealed Staff B was scheduled to work , , , , , , , , , , and . On at 12:20pm Staff A stated I usually only work 2 days but I'm here more since Staff B is away. I think Staff B is on vacation. Staff A stated, Staff B has not been since I came in on the 16th. On at 2:44pm the owner stated Staff B was on vacation and then after hearing what happened I told her to not come . The owner Staff B has not been to the facility to work. I don't know the date of the incident between Staff B and Resident #2. On at 2:25pm the owner stated Staff B is terminated and I no longer want her to work here.	A 079		

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A 079	Continued From page 43 (photographic evidence obtained) Class III	A 079		
A 081 SS=G	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) 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. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (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	A 081		

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A 081	Continued From page 44 inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 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	A 081		

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A 081	Continued From page 45 . . . . . 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 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	A 081		

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A 081	Continued From page 46 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 personnel record reviews and interviews, the facility failed to obtain the staff in-service training for 4 of 4 sampled staff (A, B, owner, Administrator). Findings: A record review of Staff A revealed a hire date . A 2hr pre-service orientation and all other required in-service trainings dated . There was no documented in-service trainings for: a. 1hr resident rights, recognizing/reporting /neglect training. A record review of Staff B revealed a hire date . All required in-service training indicated a completion date of . There was no documented in-service training for: a. 2hr pre-service orientation certification completion prior to interacting with residents.	A 081		

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A 081	Continued From page 47 b. 1hr resident rights, recognizing/reporting /neglect training. A record review of the owner revealed a hire date . All required in-service training indicated a completion date of . There was no documented in-service training for: a. 1hr resident rights, recognizing/reporting /neglect training A record review of the Administrator revealed a hire date . All required in-service training indicated a completion date of . There was no documented in-service training for: b. 1hr resident rights, recognizing/reporting /neglect training. Class II	A 081		
A 152 SS=D	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:	A 152		

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A 152	Continued From page 48 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 [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [illegible] or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible]. This Statute or Rule is not met as evidenced by: Based on observation and interviews the facility failed to provide a clean, safe living environment and maintain an environment free of hazards. Findings: On [illegible] at 8:58am observations of the facility's property revealed a gray pickup truck and a large white vehicle which later was identified as a school bus located in the backyard. Observation also identified a portable generator sitting behind the bus, a pile of unidentifiable trash, a mattress, and several [illegible] tanks. The bus door was locked and looking through the windows from outside revealed what appeared to be electrical wiring hanging from the ceiling. The	A 152		

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A 152	Continued From page 49 gray pickup truck was observed with the driver side window down along with piles of what appeared to be wood and/or boards on the bed of the truck. On at 10:12 am Resident #6 stated, yes someone lives in the bus, but I never seen them. They go to work. They don't live inside or come inside of the facility. On at 10:21 am Resident #3 stated oh the bus in the , that's the owner of the bus. He's a nice man and he helps me with my TV. No, he does not come in all the time, only when I call him. Resident #3 stated, "He comes and goes; I say hi and he has a car. I don't know how long he's been there." On at 10:30 am Resident #1 stated I'm not aware of the bus in the backyard or anyone living in it. On at 10:40 am Resident #5 stated the owner of the bus lives in the bus and has been living there for about 1 year. The owner of the bus comes inside quite often when Staff B was here. The owner of the bus rents the space to park the bus and he's not an employee. The owner of the bus goes to work during the day and comes in the evening. Resident #5 stated the owner of the bus was just inside a couple of days ago. One day the bus caught fire and the fire department came. On at 12:20 Staff A stated No one lives in the bus, not that I know of. I don't go there. On at 9:15 am The owner stated the bus belongs to a friend of her son along with the	A 152		

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A 152	Continued From page 50 gray pickup truck. The owner stated the owner of the bus does not live here, just rents the space to fix the bus. To be honest, when the owner of the bus needs to use the bathroom, he comes inside. The owner stated I don't know how often he comes inside because I'm not always here. On at 2:20 Observation of the owner of the bus arriving to the facility to speak with the owner. He did not respond when asked if he comes inside the facility. However, he was able to identify the residents by name. at 10:00am The owner stated the property belongs to my Children and my son rents the space to the owner of the bus. (Photographic evidence obtained) Class III	A 152		