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
	AL11911279	A. BUILDING: _____ B. WING _____	02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWEE WATER OF ORLANDO	8207 FOREST CITY ROAD ORLANDO, FL 32810

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey and a generator monitoring was conducted at Sweetwater of Orlando on . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 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	A 025		

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A 025	Continued From page 1 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. (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 interview, the facility failed to give a medication as prescribed to 1 of 6 sampled residents who needed assistance with self-administration of medications (#2). Findings: A review of resident #2's record revealed a facility admission date of . The resident's medical history included D deficiency. On a health care provider documented on a visit note to discontinue D 50,000 weekly and give D3 2,000 international units (IU) daily.	A 025		

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A 025	Continued From page 2 A review of the residents' [redacted], and [redacted] Medication Observation Records (MORs) revealed the [redacted] D3 2,000 IU was given weekly. On [redacted] at 5:30 pm, the administrator confirmed the findings and was unable to provide additional documentation. Class III	A 025		
A 026 SS=D	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 special interest to residents of the facility. A	A 026		

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A 026	Continued From page 3 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 review of the facility's activities calendar, record reviews, and interviews, the facility failed to provide diversified individual and group activities keeping with each resident's needs, abilities, and interests. Findings: On . . . . . at 9:43 am, when asked what activities the facility offered, resident #1 replied "not too much". The resident then said, "this place is boring". When asked to elaborate further, the resident said, "they're mostly for women", referring to the activities that were offered. The resident said he spoke with the activities director that morning and told her he'd like to have movies as an activity. When asked if he attended the resident meetings, the resident said he did not know there were meetings. On . . . . . at 9:48 am, resident #2 said there was not a variety of activities. She said the activities director oftentimes must work in the kitchen, as a caregiver and transporting residents to . , ... and therefore was not present to do activities.	A 026		

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A 026	Continued From page 4 On at 10:09 am, resident #5 said the facility did not offer any outdoor activities such as trips to Walmart so they can purchase items for themselves. The resident said they are told by staff they need to either purchase it online and have it delivered or ask family to take them or have family bring it in for them. The resident said they are not offered many choices where activities were concerned. The resident then said she has made her concerns known to staff, however, there have not been any changes to date. The facility had an activity area where puzzles and crafts were stored and easily accessible to residents. A review of the posted activities calendar revealed the activities scheduled on Monday were the same for every Monday of the month. This was also true for every other day of the week. The activities scheduled for were: 9:30 am chair exercises (not done) 10 am arts and crafts (not done) 1 pm game day (not done) 2 pm bingo (done) 6:30 pm move night (done) A review of the resident meeting minutes revealed the residents verbalized they loved bingo and others wanted to play other games. The residents enjoyed the entertainers and movie night. A review of the resident meeting minutes revealed the residents verbalized the facility needed more things to paint arts/crafts items and	A 026		

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A 026	Continued From page 5 outside activities. The residents verbalized loving the new bible study day. The male residents wanted a men let's talk day. A review of the [redacted] resident meeting minutes revealed residents verbalized wanting outside and nighttime activities. The activities director discussed with the residents that the weather outside had been too hot for outside activities. Now that the weather was starting to change, outside activities would be scheduled. The facility was actively looking for after dinner entertainment. Hair and nail attention. In arts and crafts manly things like wood works. Also, maybe a sewing machine. The co-owner contacted someone for hair. Dates will be announced. Nail attention on Mondays in the activity area. Activities director checking into getting a sewing machine and woodwork items. The Activities director along with the caregiver will help any resident who would like to attend activities in the activities area. Activities in the dining room. Will plan activities in that area. On [redacted] at 1:35 pm, the activities director said no resident council meeting was held in [redacted] or [redacted]. The activities director said she knew a meeting was held in [redacted], but she could not find the minutes. When asked about the lack of variety on the activities calendar, she replied "I put things under arts and crafts, but we may do painting or woodworking. You're right, the calendar is the same. But I do give them a variety". The activities director said her duties also included being a caregiver, working in the kitchen and accompanying residents to [redacted]. She said when she's scheduled to work in those other areas, she gets the residents started on an activity, leaves them then comes and	A 026		

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A 026	Continued From page 6 checks on them. She said some residents cannot be left unsupervised with things such as glitter, so she does not include them in the activity. She said since 's council meeting and the resident's request for outside and nighttime activities, there was a Halloween event outside. She then said, "I get a lot of complaints of being outside and I promise them that when I can I will take them out". She said she has planned outside activities, but the weather becomes too hot, and it has to be cancelled. She said none had been planned when the weather cooled down. The activities director was scheduled to work as a caregiver on the day of the survey. She said her work schedule is she arrives to work at 8 am and stays as long as she's needed. She said some of the residents go to bed early so they would not be available for nighttime activities. She said sometimes she comes in to have a movie and popcorn. Class III	A 026		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A	A 032		

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A 032	Continued From page 7 resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case	A 032		

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A 032	Continued From page 8 manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have documentation to indicate 1 of 4 sampled staff participated in a minimum of two resident elopement drills each year (A). Findings: A review of caregiver/activities director A's personnel record revealed a hire date of . . . During an interview on . . . . . at 2 pm, caregiver A said the facility conducted resident elopement drills monthly or every other month. The caregiver said she participated in the drills. A review of the facility's documented 2023 drills revealed only two were conducted. One on and on . Caregiver A was listed as a participant on only the . . . . . drill. On . . . . . at 5:30 pm, the administrator confirmed the findings. Class III	A 032		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment,	A 078		

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A 078	Continued From page 9 newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's	A 078		

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A 078	Continued From page 10 health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility ␣ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing unlicensed staff to apply a ␣ brace to 1 of 6 sampled residents (#12). Findings: A review of resident #12's record revealed a facility admission date of . The resident's medical history included ( ) with left-sided , ␣ . The resident needed assistance with ␣.	A 078		

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A 078	Continued From page 11 On ..... at 9:59 am, resident #12 was seen with a brace on her left .. The resident's record did not have a health care provider order or other documentation to indicate the resident used the brace. On at 10:35am, the facility's unlicensed care coordinator said resident #12 was weak because "her left side is ". The care coordinator said "we, the care staff and I, assist with putting her brace on and off daily. She's had it for years and came here with it". On ..... at 2:15 pm, unlicensed staff C said she puts resident #12's .. brace on when she gets the resident up in the morning. On ..... at 3:54 pm, resident #12 said the facility caregivers helped her apply the brace every morning and remove it at bedtime. The resident said she was able to apply the brace she previously had herself when she lived at home. She said prior to coming to this facility she was in a rehab facility and the staff there changed the type of brace she used. She said since being at this facility she's not tried to apply or remove the brace herself but, was sure she could not do it. On at 4:15 pm, unlicensed caregiver E said she removed the resident's brace at bedtime. The caregiver said she was trained to do so. The caregiver said the resident was independent with upper body .. but needed assistance with lower body and said the resident had to wear the brace to stand. On at 4:20 pm, the administrator said she did not know the unlicensed caregivers were not permitted to assist with putting on and removing	A 078		

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A 078	Continued From page 12 the brace. Class III	A 078		