

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/23/2024
NAME OF PROVIDER OR SUPPLIER CARING VILLAGE OF DAVIE			STREET ADDRESS, CITY, STATE, ZIP CODE 4681 SW 66TH AVENUE DAVIE, FL 33314		
(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 _____ 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 _____, 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 _____, 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 _____, 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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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CARING VILLAGE OF DAVIE

**4681 SW 66TH AVENUE
DAVIE, FL 33314**

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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 observation, record review and interview the facility failed to register an employee with the Background Screening Clearinghouse for 1 out of 4 sampled staff (staff E). The findings included: On review of employee record revealed, Staff E (Facility Manager) with an unknown hire date there is no evidence of Background Screening Clearinghouse. On at 12:19 PM, during an interview with the Administrator, she stated Staff E is an employee at the sister facility and comes over to this facility and helps as Manager capacity. No additional documents were provided during the survey.	CZ814		

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CZ814	Continued From page 2 Unclassified		CZ814		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's _____ to the Federal Bureau of Investigation for a national criminal history record check unless the person's _____ are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the _____ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit _____ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the _____ to the Federal Bureau of Investigation for a national criminal history record check. The _____ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person _____. The		CZ816		

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CZ816	Continued From page 3 agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if _____ for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, _____, herein incorporated by reference, available at _____	CZ816			

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CZ816	Continued From page 4 http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the _____ report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review and	CZ816			

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CZ816	Continued From page 5 interviews, the facility failed to ensure staff completed the Attestation form for 3 of out 4 sampled staff records reviewed (Staff B, C and D). The Findings included: a) Review of employee record on revealed, Staff B Caregiver hire date of did not have Attestation Form in her employee file. b) Review of employee record on revealed, Staff C Medication Technician hire date of did not have Attestation Form in her employee file. c) Review of employee record on revealed, Staff D Facility Manager with no hire date, did not have Attestation Form in her employee file. On at 1:30 PM During an interview with the administrator she acknowledged Staff B, C and D did not have Attestation Form in employee's file. No additional documentation was provided. Unclassified	CZ816			
CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive	CZ830			

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CZ830	Continued From page 6 emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the	CZ830			

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CZ830	Continued From page 7 state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations.	CZ830			

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CZ830	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure its Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division. The Findings included: On , a Relicensure Survey was conducted at the facility. During an interview with the Administrator on at approximately 10:30 AM a request was made for the facility's current CEMP approval letter. The Administrator stated their CEMP was out of date. A request was made to provide all communications and submissions she had regarding their CEMP. A review of the facility CEMP binder provided on , revealed CEMP letter dated with Plan approval through and submission date no later than Further review of the Local County Emergency Management Division website on reveals facility last approval date of . On at 1:30 PM In an interview with the Administrator, she was informed the facility failed to provide a readily available electronic or paper format approval of current CEMP at the time of the survey. No additional documents were provided. Class III	CZ830			

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CARING VILLAGE OF DAVIE

**4681 SW 66TH AVENUE
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A 000	Initial Comments An unannounced Change of Ownership (CHOW) and Generator Monitoring survey was conducted on _____ at Caring Village Of Davie. The facility had deficiencies identified related to the Change of Ownership and Generator Monitoring at the time of the survey.	A 000		
A 010	429.26() FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

AHCA Form 3020-0001

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A 010	Continued From page 1 additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the	A 010			

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A 010	Continued From page 2 applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a _____-to-_____ medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a _____ may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's	A 010			

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A 010	Continued From page 3 record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities	A 010			

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A 010	Continued From page 4 holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure residents had a complete and accurate resident Health Assessment AHCA Form 1823 for 10 of 10 sampled residents (#1, 2, 3, 4, 5, 6, 7, 8, 9, and 10). The findings included: On _____ at 8:59 AM, upon request for resident record review documentation for complete and accurate Health Assessment AHCA Form 1823 medical examination it was revealed that the administrator was not able to provide AHCA 1823's for sampled residents (# _____). On _____ at 11:11 AM in an interview with the administrator she stated, that she is usually at the sister facility in Margate and she is not sure where the resident's files are kept. She stated she was going to ask Medication Technician (Med Tech) Staff C, because Med Tech is usually at the facility. On _____ at 1:30 PM, in an interview with the administrator she confirmed all sampled residents are missing Health Assessment AHCA Form 1823. An opportunity was given to the administrator to provide documents. No additional documentation was provided during the survey. Class III	A 010			
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards	A 032			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964066	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/23/2024
NAME OF PROVIDER OR SUPPLIER CARING VILLAGE OF DAVIE			STREET ADDRESS, CITY, STATE, ZIP CODE 4681 SW 66TH AVENUE DAVIE, FL 33314		
(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 032	Continued From page 5 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 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	A 032			

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A 032	Continued From page 6 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 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 observation, record review and interview, the facility failed to conduct and document resident Elopement Drills. The Findings included: A copy of the facility's Resident Elopement prevention Policy and Procedures was reviewed on _____ and it reads: Page1 1. Administrator/or designated designee (hereinafter called "The Responsible Party"), must conduct an announced Elopement Drill for each shift at least twice annually. 2. The Responsible Party must conduct the	A 032			

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A 032	Continued From page 7 Elopement Drill. This may vary according to the shift and time. 3. The Responsible Party must evaluate and discuss the results of the Drill with the relevant shift staff. 4. The Responsible Party must complete the Elopement Drill Form and place it in the Elopement folder. This folder must be available for review at all times. 5. A certificate or notation should be made in each employee's folder that he/she took part in the Resident Elopement Prevention Drill. On _____ at approximately 9:00 AM in an interview with the administrator, she was informed to provide a evidence of Elopement Drills, unable to provide at this time. On _____ at 10:28 AM, in an interview with the administrator she stated she is not able to locate the Elopement drills . On _____ at 1:30 PM During an interview with the Administrator she acknowledged the Facility did not have Elopement drill at the time of the survey. No additional documentation was provided. Class III	A 032			
A 036	59A-36.007(10) CONTROL PROCEDURES (10) _____ CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of _____ (a) The facility must implement a _____ hygiene	A 036			

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A 036	Continued From page 8 program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to _____ materials or _____ hygiene may include the use of _____-based rubs, _____ handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an _____ exposure to transmissible _____ agents in _____, nonintact skin, and mucous _____ during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, _____ protection, or a shield. (c) The facility must clean and _____ reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, record review, observations, and interviews the facility failed to maintain services in a manner that reduces the risk of _____ Control. The Findings include: This surveyor entered the facility on _____ at approximately 7:30 AM. Medication Technician (Med Tech) Staff C stated the facility has Resident #1 with COVID-19. A copy of the facility's _____ Control Policy and Procedures was reviewed on _____ and it reads: "Standard Precautions for All Patient Care":	A 036		

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A 036	Continued From page 9 ensure appropriate patient placement and ensure healthcare worker safety. "Transmission-Based Precautions", standard Precautions for patients who may be _____ or colonized with certain _____ agents for which additional precautions are needed to prevent _____ transmission. "Use personal protective equipment (PPE)" appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room. "Source control" put a mask on the patient. "Ensure appropriate patient placement" in a single room if possible, if single rooms are not available, utilize the recommendations for alternative patient placement considerations in the Guideline for Isolation Precautions. In residential settings, make decisions regarding patient placement on a case-by-case basis considering _____ risks to other patients in the room and available alternatives. "Airborne Precautions" Use Airborne Precautions for patients known or suspected to be _____. A copy of the facility's "Corona Policy and Procedures" - Visitation/Positive Case was reviewed on _____ and it reveals: 4. "Positive Cases for Covid" a) in the case where there is a positive case at the Facility, the following will be followed: ii. the _____ person with Covid will be _____. iii. staff will wear protected gear such as gowns and mask.	A 036			

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A 036	Continued From page 10 During an observation on at 8:01 AM resident #1 identified as COVID-positive, was observed walking around in the facility's common areas without a mask. During an interview with staff C Med Tech on at 8:06 AM, this surveyor asked why resident #1 was not, and she stated resident #1 was very aggressive and refused to stay in his room. During an interview with staff C Medication Technician On at 8:11 AM, this surveyor requested a copy of the facility's policy and procedure for control and resident #1 Hospital report. This surveyor asked Staff C, Med Tech what protocol is in place for residents that have COVID-19, staff stated she was not aware of policy and procedure for residents with COVID-19, but she was going to call the administrator to find out. During an additional observation on at 8:26 AM, this surveyor observed other residents walking around without masks in the same common areas where resident #1 was previously sitting. On at approximately 9:00 AM, a conference call was conducted with the Administrator, Agency for Health Care Administration (AHCA) supervisor, and this surveyor. The administrator was asked if she was aware of resident #1 identified as COVID-19 positive and not being She acknowledged the findings. On at 1:30 PM In an interview with the Administrator, she acknowledged the facility failed to follow Control policy and	A 036			

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A 036	Continued From page 11 procedures and facility's Corona . . . Policy and Procedures. Class III	A 036		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF: (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their	A 078		

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A 078	Continued From page 12 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 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 observation, record review and interview, the facility failed to ensure staff had completed Communicable Status and evidence of Status for 3 out of 4 sampled Staff (Staff B, C and E). The findings included:	A 078		

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A 078	Continued From page 13 Review of Staff B (Caregiver) employee record on _____ revealed she was hired on _____. Further review of the employee record revealed Staff B (caregiver) had no documentation of Communicable _____ Status and annually _____ Status since date of hire. Review of Staff C (Medication Technician) employee record on _____ revealed she was hired on _____. Further review of the employee record revealed Staff C (Medication Technician) had no documentation of Communicable _____ Status and annually _____ Status since date of hire. Review of Staff E (Facility Manager) employee record on _____ revealed no hire date. Further review of the employee record revealed Staff E (Facility Manager) had no documentation of Communicable _____ Status and annually _____ Status in her personnel file. On _____ at 1:30 PM During an interview with the Administrator she acknowledged Staff B, C and E do not have Communicable _____ Status and evidence of _____ Status in personnel file at the time of survey. No additional documentation was provided. Class III	A 078			
A 082	59A-36.011(4) FAC Training - / (4) (.../...), Pursuant to section	A 082			

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A 082	Continued From page 14 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure staff obtained / training for 1 out of 4 sampled staff C. The findings included: Review of Staff C (Medication Technician) employee record on revealed she was hired on . Further review of the employee record revealed Staff C (Medication Technician) had no documentation of / training. On at 1:30 PM During an exit interview with the Administrator she acknowledged Staff C did not have / training. No additional documentation was provided. Class III	A 082			
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt	A 084			

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A 084	Continued From page 15 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule	A 084			

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A 084	Continued From page 16 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with _____ syringes that are prefilled with the proper dosage by a pharmacist and _____ that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____, bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate,	A 084			

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A 084	Continued From page 17 temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide an annual 2-hour training for assistance with self-administer medications for 1 out of 4 sampled Staff (Staff C).	A 084		

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A 084	Continued From page 18 The findings included: Review of Staff C (Medication Technician) employee record on _____ revealed she was hired on _____. Further review of the employee record revealed Staff C (Medication Technician) had no documentation of the required 2-hours annual training assisting with self-administration of medications in her personnel file. On _____ at 1:30 PM During an interview with the administrator she acknowledged Staff C did not have documentation for 2-hours annual training assisting with self-administration of medications in her personnel file. . No additional documentation was provided. Class III	A 084			
A 086	59A-36.011(10) FAC Training - ADRD (10) _____ AND RELATED _____ ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD , or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between _____ and _____	A 086			

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A 086	Continued From page 19 shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " _____ and Related _____ Level I Training," must address the following subject areas: 1. Understanding _____'s _____ and related _____ ; 2. Characteristics of _____ ; 3. Communicating with residents with _____'s _____ ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility _____ and Related _____ Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " _____ and Related _____ Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. _____ and Related _____ Level II Training must address the following subject areas as they apply to these _____ : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that		A 086		

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A 086	Continued From page 20 must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with _____'s _____ and Related _____," dated _____, incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with _____ or related _____, or 2. Three years of practical experience in a program providing care to persons with _____ or related _____, or 3. Completed a specialized training program in	A 086		

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A 086	Continued From page 21 the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide an additional 4-hour training 's and Related (ADRD) Level II, for 2 out of 4 sampled staff records reviewed (Staff A and E) The Findings Included: The Assisted Living Facility has a capacity of 20 residents and has a dedicated secure Memory Care Unit (MCU). On the facility census was 20 residents with 20 residents residing in the MCU. Review of Staff A (Administrator) employee record on revealed she was hired on Further review of the employee record revealed Staff A (Administrator) had no documentation of additional 4 hours and Related (ADRD) Level II Training in her personnel file. Review of Staff E (facility manager) employee record on revealed no hired date.	A 086		

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A 086	Continued From page 22 Further review of the employee record revealed Staff E (facility manager) had no documentation of additional 4 hours _____ and Related _____ (ADRD) Level II Training in her personnel file. On _____ at 1:30 PM During an interview with the Administrator, she acknowledged the findings. No additional documentation was provided. Class III	A 086			
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. _____, 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance _____, 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services,	A 162			

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A 162	Continued From page 23 therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that _____ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust	A 162			

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A 162	Continued From page 24 fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____ (____), CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by	A 162		

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A 162	Continued From page 25 contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain resident records on premises that include a copy of the residents contract with the facility for 10 out of 11 sampled residents (residents#1,3,4,5,6,7,8,9,10 and 11). The Finding Included: 1) Record review of resident #1 file on revealed admission date of and no documentation of resident's contract with the facility. Record review of resident #3 file on revealed no documentation of resident's contract with the facility. Record review of resident #4 file on revealed no documentation of resident's contract with the facility.. Record review of resident #5 file on revealed no documentation of resident's contract with the facility. Record review of resident #6 file on revealed admission date of and no documentation of resident's contract with the	A 162			

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A 162	Continued From page 26 facility. Record review of resident #7 file on revealed no documentation of resident's contract with the facility. Record review of resident #8 file on revealed no documentation of resident's contract with the facility. Record review of resident #9 file on revealed no documentation of resident's contract with the facility. Record review of resident #10 file on revealed no documentation of resident's contract with the facility. Record review of resident #11 file on revealed no documentation of resident's contract with the facility. Class	A 162		