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
	AL11969614	A. BUILDING: _____ B. WING _____	04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOS JAZMINES ALF LLC	1220 SW 126 PLACE MIAMI, FL 33184

(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 biennial survey was conducted at Los Jazmines ALF LLC from [redacted] through [redacted]. Deficiencies were identified 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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. 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 [redacted] 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 review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention for one (#1) out of six sampled residents. Findings: Interviewed on at 9:18 AM the Owner stated that Resident #1 did not want to take a bath and that she smelled. The Owner stated further that Resident #1 did not want an access ramp because she thought she would slip. The Owner stated that four nurses in 20 days refused to deal with Resident #1. The Owner stated that	A 025		

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A 025	Continued From page 2 the problem was that the resident did not want to pay the rent. The Owner stated, "She leaves the house at 5:00 PM and comes . . . at 10:00 PM banging on the door. We have rules here." A review of Resident #1's progress notes found no documentation of the resident refusing to take baths, not wanting to pay her rent, refusing to take her . . , or dismissing four nurses. Interviewed on . . . . . at 12:25 PM Staff B (Caregiver) stated that the resident smelled bad and did not want to take showers. Interviewed on . . . . . at 12:21 PM when asked if he documented any behavior of Resident #1, the Owner stated, "No." The Owner stated further, that the first week ( ), she (Resident #1) was no problem and that there were no complaints before she came to the house. Interviewed on . . . . . at 1:21 PM the Administrator stated, regarding the absence of documentation, "Okay." Class III	A 025		
A 030 SS=D	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	A 030		

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A 030	Continued From page 3 admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , 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;	A 030		

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A 030	Continued From page 4 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (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	A 030		

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A 030	Continued From page 5 personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making	A 030		

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A 030	Continued From page 6 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. (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.	A 030		

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A 030	Continued From page 7 (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, 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	A 030		

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A 030	Continued From page 8 facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, Staff B (Caregiver) failed to treat three of six sampled residents (Resident #1) with dignity and respect, free from [redacted] and neglect. Resiodent #1 was not addressed in a respectfu manner. The facility used Residents #1, #2 and #3 rooms to store supplies, including medications. Findings: Observation on o4/04/2024 at 7:15 AM found Resident #1 seated at edge of bed with walker in front of her. Interviewed on [redacted] at 7:15 AM Resident #1 stated, "A lot of things [not right]. The lady (Staff B Caregiver) that was here in the room is the problem. She said things mostly in Spanish. I have a problem with [redacted]. I peed the bed. She (Staff B) complained to some of the neighbors. There is no way to talk to the Administrator. It is only [the Owner and Staff B]. I have tried before. I told the Owner. I don't want to be here. She (Staff B) had yelled at me a lot of times. Yesterday, I needed assistance to take a shower. Something (Shower) I can't do anymore.	A 030		

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A 030	Continued From page 9 She was to help me with the shower. To be honest, No. I understand she was alone. Yes, I understand because she speaks English and Spanish. I have been here since . . I told the Owner, but he is always running. It is only the Owner and the employee (Staff B). I have not seen the Administrator. I never met her. I just want to find another facility. Usually, it is only one employee at a time. I have not seen the other employee in two weeks. The Owner and employee reminded me it was a business." Observation on . . . . . at 8:25 AM the Owner and Resident #1 trading words in an argument about her contract. The Owner stated, "We can't do anything for you." Interviewed on at 8:25 AM Resident #1 stated during their exchange, the Owner accused her of lying. A review of the complaint or grievance log found no documentation of any concerns involving Resident #1 not receiving assistance to shower and a resolution. A review of the facilities complaint policy shows: "All residents or their representatives have the right to pursue a grievance with regards to their participation in the assisted living home. The facility will hear and attempt to resolve all grievances in a fair and timely manner. The aggrieved person or persons acting on his/her behalf if desired may meet with the person against whom the complaint is directed. If the solution is not resolved, the aggrieved or representative may ask the Administrator for an . . . If a solution cannot be reached, another . . may be scheduled with the Administrator/Owner. The request for the meeting	A 030		

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A 030	Continued From page 10 with the Administrator/Owner must be made within two days of the initial meeting. A written summary of the formal grievance heard by the Administrator/Owner will be recorded, which includes the nature of the grievance and remediation correction plan. Resolution to the residents' needs will be noted in the resident file." Interviewed on . . . . . at 11:45 AM Staff B stated that she never yelled at any residents but there was one resident that complains a lot, but they manage her well. Staff B stated further that the residents don't shower alone. Interviewed on . . . . . at 12:15 PM Staff B stated that Resident #1 smells and don't like to take baths and now she (Staff B) had to go to her room and clean it. Interviewed on at 1:21 PM the Administrator stated that when she (Administrator) comes to the facility, she may not see all the residents, but she never heard of any complaints from Resident #1. The Administrator stated further that she does not know why she (Resident #1) expressed her concerns. The Administrator stated that she spoke with her (Resident #1) case manager and that her case manager stated that she (Resident #1) had a history of moving from place to place. The Administrator stated that she (Resident #1) never complained about anyone not wanting to assist her to bath. 2) Observation on . . . . . at 7:20 AM found the following medications and supplies stored in an unlocked closet and accessible to Resident #1: 1% solution, 4on 08es of	A 030		

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A 030	Continued From page 11 Solution USP 10g/15 mL, ... 5 MG, 8.6 MG, , ER 400 MG, . . . , CL ER 10 MG, . . . , . . Tart 25 MG, 40 MG, , . . 150 MG) toilet paper, wheelchairs, pampers, gauzes, and pads. Further observation found some of the medications belonged to another former Resident who was admitted on and was discharged on . . . . Photographic evidence obtained. Observation on at 12:10 PM found a spot portable cooling device stored in . . . #. closet occupied by Resident #3. Interviewed on at 12:21 PM the Owner stated that he had no more space. Class III	A 030		
A 031 SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, ... , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided.	A 031		

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A 031	Continued From page 12 (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , ... resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility	A 031		

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A 031	Continued From page 13 in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure one (#1) out of six sampled residents with third party services maintained a written care plan by a physician to receive administration. Findings: Observation on at 10:40 AM home health nurse arrived to check levels and administer . A review of Resident #1's records found no physician's order for administration from a third-party service. Interviewed on at 12:21 PM when asked where the written order was for administration, the Owner stated that he did not receive it yet. Interviewed on at 1:21 PM the Administrator stated, "Okay." Class III	A 031		

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
	AL11969614	A. BUILDING: _____ B. WING _____	04/17/2024

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A 033	Continued From page 14	A 033		
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL . . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a written care plan for physical that would determine the maximum amount of time two (#3, #4) out of six sampled residents was to have the applied and in what manner and frequency staff will monitor, and report to the physician any injuries for three. Findings:	A 033		

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A 033	Continued From page 15 Observation on at 6:39 AM found Residents #3 and #4 reclined in two of the four recliners in the common area watching television. Observation on at 7:04 AM Staff B (Caregiver) engaged the handle (device) on the side of the recliner to allow Resident #4 and assisted him to the dining table. Resident #4 was unable to independently move the handle and exit the recliner. A review of Resident #4's records found no written care plan for a physical nor a physician prescription. A review of the admissions and discharge log showed Resident #4 was admitted on . Observation on at 7:09 AM Staff B engaged the handle (device) on the side of the recliner to allow Resident #3 and assisted her to her to the bathroom. Resident #3 was unable to independently move the handle and exit the recliner. A review of Resident #3's records found no written care plan for a physical nor a physician prescription. A review of the admissions and discharge log showed Resident #3 was admitted on . Interviewed on at 1:21 PM the Administrator stated, "Okay." Class III	A 033		

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A 034	Continued From page 16	A 034		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a written care plan for assistive devices for two (#1, #2) out of six sampled residents for assessing the physical condition of the assistive device and procedures for recommending repairs or replacement. The facility failed to obtain a physician prescription for Residents #1 and #2 walkers. Findings: Observation on at 6:45 AM Resident #2 at dining table and walker next to her.	A 034		

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A 034	Continued From page 17 Interviewed on at 10:26 AM when asked the Owner if Resident #2 used a walker, the Owner stated, "Sometimes in the morning." A review of Resident #2's records found no written care plan for an assistive device such as a walker nor a physician prescription. A review of Resident #2's health assessment with a completion date of showed a diagnoses of and . The physical limitations showed ambulation. The resident had precautions. The activities of daily living showed needed supervision with bathing, and needed assistance with ambulation, eating, self-care, toileting and transferring. The resident needed medication administration. Observation on at 7:15 AM in # Resident #2 seated at bed side with walker in front of her. Observation on at 9:17 AM revealed Resident #1 walked using a walker to go outside onto the patio. A review of Resident #1's records found no written care plan for an assistive device nor a physician prescription. A review of Resident #1's health assessment found no completed assessment. Resident #1 was admitted on . A review of Resident #1's log dated showed a . Interviewed on at 12:21 PM the Owner wanted to know if he had any serious	A 034		

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A 034	Continued From page 18 deficiencies. Class III	A 034		
A 036 SS=D	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 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 mucuous 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 and interview, Staff B (Caregiver) failed to implement	A 036		

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A 036	Continued From page 19 . . . . control practices for two out of three sampled residents that reduces the risk of transmission of . . . . . . Findings: Observation on . . . . . at 6:44 AM showed Staff B cutting bread wearing blue latex gloves and placing slices into the toaster. After the toast, Staff B buttered the slices. Observation on at 6:45 AM showed Staff B goes to the medication cabinet wear the same blue latex gloves and handed a small receptacle with pre-poured medications to Resident #2. Staff B did not remove gloves nor wash . . . . Observation on . . . . . at 6:51 AM Staff B then popped several medications into Resident #5's . . . without removing worn gloves and sanitizing after conducting assistance with self-administration of medication with Resident #2. A review of Staff B's personnel records showed . . . . control training (1 hour) on . . . . . . The facility's . . . . control policy states: "All employees having direct contact with residents and or material that can directly affect the life and safety of the resident will observe universal precautions. The practice is to minimize or prevent exposures of health care workers and residents to bloodborne , ... When should you wash . . . ? Before putting gloves on to make food. Before, during, and after preparing food. After changing diapers. Procedures for medication assistance with self-administration with medication. washing is required before	A 036		

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A 036	Continued From page 20 and after assistance with medication. Before touching resident, verify it is the correct resident. Before touching the medication bottle, wash your . After touching the medication bottle, wash ." Interviewed on when informed, the Owner stated that he knew because he saw it before. Class III	A 036		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the	A 052		

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A 052	Continued From page 21 resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the	A 052		

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A 052	Continued From page 22 resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take	A 052		

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A 052	Continued From page 23 the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by:	A 052		

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A 052	Continued From page 24 Based on observation, record review and interview, Staff B (Caregiver) failed to orally advise two (#2, #5) out of three residents who received assistance with self-administration of medication the name and dosage of the medications. Findings: Observation on at 6:45 AM Staff B removed a small receptacle with pre-poured medications (1MG, , 2.5 MG, , 10 MG) from the medication cabinet and handed it to her (Resident #1) without orally advising the resident of the name and dosage. Photographic evidence obtained. Interviewed on at 6:45 AM Staff C stated, "I pre-poured it." Observation on at 6:51 AM 6:51 AM Staff C popped the following medications into Resident #5's : (, 20 MG, , 200 MG, SOD 100 MG, , 1 MG, Mag 400 MG, , 40 MG) without naming the medications and advising her of the dosage. A review of Staff B's personnel records showed 6 hours of assistance with self-administered and medication training on and had hire date of . Interviewed on at 12:21 PM the Owner stated, "I see it all the time." Class III	A 052		

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A 055	Continued From page 25	A 055		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other	A 055		

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A 055	Continued From page 26 locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days	A 055		

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A 055	Continued From page 27 of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, Staff CB (Caregiver) failed to secure and lock the medication storage cabinet. The facility failed to return medications to the resident, resident's family, or the resident's guardian after their stay had ended. The facility had medications for residents whose stay ended stored in # 's closet, which was found unlocked as well as in the refrigerator. Findings: Observation on at 6:55 AM Staff C left the medication cabinet unlock and unattended with agency staff. Photographic evidence obtained. Observation on at 6:47 AM found medications in refrigerator unlocked for a resident who was admitted on and discharged on and three needles. Photographic evidence obtained. Observation on at 7:20 AM found the following medications and supplies stored in an unlocked closet and accessible to Resident #1: 1% solution, 4on 08es of	A 055		

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	AL11969614	A. BUILDING: _____ B. WING _____	04/17/2024

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A 055	Continued From page 28 Solution USP 10g/15 mL, ... 5 MG, 8.6 MG, ER 400 MG, ... CL ER 10 MG, ... Tart 25 MG, 40 MG, ... 150 MG) toilet paper, wheelchairs, pampers, gauzes, and pads. Further observation found some of the medications belonged to another former Resident who was admitted on and was discharged on . . . . Photographic evidence obtained. The Central Storage Medication Policy states: "All medications will be stored in a locked cabinet or closet. Only authorized staff will have access to the medications. All discontinued or abandoned medications will be destroyed accordingly to ALF rules and regulations." Interviewed on . . . . . at 7:38 AM the Owner stated, "I have no other place to store medications. They don't go in (. . # 's closet) there." Interviewed on at 12:21 PM regarding the unlock medications in the refrigerator and closet for two former residents, the Owner stated, "We keep them (medications) to give to the church." Interviewed on at 1:21 PM the Administrator acknowledged the deficiencies, and stated, "Okay." Class III	A 055		
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 29 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 30 health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _____ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure one out of three sampled employees (Staff C) was able to demonstrate and the ability to perform her duties according to her training. The staff was unable to dsecribe how she would provide _____ ( ) in the event a resident or residents become unresponsive. Findings: Interviewed on _____ at 2:55 PM when asked to describe the procedure, Staff C stated, "I lay the person flat and pressure the with my until rescue arrives."	A 078		

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A 078	Continued From page 31 A review of Staff C's personnel records showed a hire date of . . . . . and . training on . A review of the staffing schedule showed that Staff C would be the only person on duty A review of the data from the American . . . Association showed, "For healthcare providers and those trained: conventional . . using . . . . , . . . and -to- . . breathing at a ratio of 30:2 . . , ... -to-breaths." Class III	A 078		
A 079 SS=E	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 . 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.	A 079		

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A 079	Continued From page 32 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 , , ( ) 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. 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	A 079		

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A 079	Continued From page 33 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 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	A 079		

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A 079	Continued From page 34 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 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	A 079		

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A 079	Continued From page 35 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, record review and interview, the facility failed to provide adequate and sufficient staffing to meet the unscheduled and scheduled needs of six (#1, #2, #3, #4, #5, #6) out of six sampled residents. The facility failed to post a current schedule that reflected the minimum required 252 Hours/Week for six (6) residents. The facility had a census of six residents. Findings: Observation on at 6:39 AM Staff B (Caregiver) was found alone with six residents. A review of the facility's records relating to what kind of assistance with activities of daily living residents (#1,#2, #3, #4, #5, #6) needed on showed: four (#1, #2, #3, #4) residents needed assistance with ambulation, three (#1, #3, #4) with bathing, four (#1, # #3, #4) with , three (#2, #3, #4) with eating, four (#1, #2, #3, #4) with toileting, four (#1, #2, #3, #4) with self-grooming, and four (#1, #2, #3, #4) with transferring. Residents needing supervision showed the following: none with ambulation, one (#2) with bathing, none with , none with eating, none with self-care, none with toileting, and none with transferring. A review of the posted schedule for the Week of through showed a total of only 36 for the week. Photographic evidence obtained.	A 079		

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A 079	Continued From page 36 Observation on . . . . . at 7:04 AM Staff B assisted Resident #4 from the recliner and escorted him by his arm to the dining table. Observation on . . . . . at 7:09 AM Staff B assisted Resident #3 from the recliner and escorted her by the arm to the bathroom. Observation on o4/04/2024 at 9:17 AM Resident #1 ambulated with a walker to go outside onto the . . . patio area to smoke a cigarette. Interviewed on at 7:07 AM the Owner stated that the other employee was sick since Monday ( ) and that he has been coming every day from 7AM to 7PM. Interviewed on . . . . . at 7:15 AM Resident #1 stated, "I understand she (Staff B) is alone. Usually, it is only one employee at a time. I have not seen the other employee (Staff C Caregiver) in two weeks." A review of resident #1's health assessment found no documentation of a completed health assessment. However, a review of Resident #1's ˬ log dated showed . A review of the demographic form showed Resident #1 was admitted on . Observation on at 7:15 AM found Resident #1 in room with walker. Resident #1 stated that she needed assistance with the shower. A review of Resident #2's health assessment with a completion date of showed a diagnoses of ,, and . The physical limitations showed ambulation. The	A 079		

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A 079	Continued From page 37 resident had precautions. The activities of daily living showed needed supervision with bathing, and needed assistance with ambulation, , eating, self-care, toileting and transferring. The resident needed medication administration. A review of Resident #3's health assessment with a completion date of showed a diagnoses of PMH, , , , Acute , , likely polypharmacy in the seth of Prefrontal . The status showed alert times one. The nursing status showed assistance in daily activities. The resident had no precautions. The activities of daily living showed independent in ambulation, and supervision with bathing and assistance needed with , eating, self-care, toileting and transferring. The resident needed medication administration. A review of resident #4's health assessment with an unknown completion date showed a diagnoses of Hypertensive , without , , protein calorie , Mode wasting and atrophy, , following . The resident status pleasant and , times two. The nursing requirements showed needed assistance with activities of daily living. The resident had precautions. The activities of daily living showed independent in ambulation, bathing. , eating, self-care, toileting and transferring. The special diet instructions showed no added salt, and a mechanical soft texture. The resident needs assistance with self-administration of medications. A review of Resident #5's health assessment with	A 079		

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A 079	Continued From page 38 a completion date of showed patient , PMH X2, , , , Type 2 , Fatty . The physical or sensory limitations showed decline in functions. The status showed decline and psych . The nursing service requirements showed risk for . The special precautions showed resident had precautions. The activities of daily living showed independent in ambulation, bathing, , eating, self-care, toileting, and transferring. The resident special diet instructions showed calorie controlled, no added salt and low fat and low . The resident needed assistance with self-administration of medications. A review of resident #6's health assessment with a completion date of showed a diagnoses of Psych , . The resident had universal precautions. The activities of daily living showed independent in ambulation, bathing, , eating, self-care, toileting, and transferring. The resident needed assistance with self-administration of medications. Interviewed on at 1:21 PM the Administrator acknowledged the deficiencies, and stated, "Okay." Class III	A 079		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the	A 084		

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A 084	Continued From page 39 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 fulfilment 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 [illegible] 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 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and [illegible] dosage forms; b. Measure liquid medications, break scored	A 084		

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A 084	Continued From page 40 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, 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,	A 084		

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A 084	Continued From page 41 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 record review and interview, the facility failed to ensure one (Staff C) out of three sampled employees maintain the two-hour updated training assisting with self-administration of medication. Findings: A review of the Administrator's personnel records showed a hire date of and six hours	A 084		

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A 084	Continued From page 42 of training in assisting with self-administration of medication on . However, there was no two-hour updated training with self-administered and medication training. A review of Staff C's personnel records showed only two hours of assistance with self-administration of medications on and no six hours of the initial training with assistance with self-administration of medication. Staff C had a hire date of 11/29/2021. Interviewed on at 12:21 PM the Owner wanted to know whether the deficiency was a serious deficiency. Class III	A 084		
A 093 SS=E	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent	A 093		

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A 093	Continued From page 43 possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the	A 093		

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A 093	Continued From page 44 facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has . . . . . with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity.	A 093		

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A 093	Continued From page 45 The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, Staff B (Caregiver) failed to follow the posted menu approved by a registered dietitian for six out of six sampled residents. Staff B failed to document substitutions when or before the meal was served. Staff B failed to follow a mechanical soft diet for Resident #4. Findings: Observation on at 7:10 AM Resident #4 was served two slices of toasted bread with butter and coffee. A review of resident #4's health assessment with an unknown completion date showed a diagnoses of Hypertensive , without , , protein calorie , Mode wasting and atrophy, , following . The resident status pleasant and times two. The nursing requirements showed needed assistance with activities of daily living. The resident had precautions. The activities of daily living showed independent in ambulation, bathing. , eating, self-care, toileting and transferring. The special diet instructions showed no added salt, and a mechanical soft texture. The resident needs assistance with self-administration of medications.	A 093		

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A 093	Continued From page 46 A review of data from the National Institute of Health, a mechanical soft diet is: "a modified diet for people who have difficulty chewing or swallowing. The diet includes foods easy to eat like oatmeal, cereal softened with milk, potatoes boiled and mashed, soft moist pasta, soft bread, pancakes, and soft rice but avoid dry bread, toast or dry cereal with nuts." Further review of data from The National Institution of Health (NIH) showed: "People with have difficulty swallowing and may experience , while swallowing (Odynophagia). Some people may be completely unable to swallow or may have trouble safely swallowing liquids, foods, or saliva. When this happens, eating becomes a challenge. Often, makes it difficult to take in enough calories and fluids to nourish the body and can lead to additional serious medical problems. Food pieces that are too large for swallowing may enter the and the passage of air. In addition, when foods or liquids enter the airway or someone who has coughing or clearing sometimes cannot remove it. Food or liquid that stays in the airway may enter the and allow harmful to grow, resulting in called " Observation on at 7:02 AM Resident #2 at dining table was served two slices of toasted bread and coffee. Observation on at 7:02 AM Resident #5 was served two slices of toasted bread with butter and milk. Interviewed on at 7:15 AM Resident #1 stated that all they have for breakfast was a	A 093		

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A 093	Continued From page 47 loaf of bread and spread and coffee and no cereal. A review of the posted menu dated showed milk, hot or . . . cereal, bread and margarine, and juices for breakfast. Observation on Resident #6 was served two slices of toast with butter and coffee and apples. Interviewed on at 12:21 PM the Owner stated, "we always give them apples." Class III	A 093		
A 162 SS=D	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 practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment	A 162		

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A 162	Continued From page 48 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, 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	A 162		

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A 162	Continued From page 49 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 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.	A 162		

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A 162	Continued From page 50 (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 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 record review and interview, the facility failed to maintain an accurate and complete health assessment and demographic sheets for two (#2, #4) out of six sampled residents. Findings: A review of Resident #2's health assessment showed section C (Does the individual have any of the following conditions/requirements?) was left unchecked and blank. A review of Resident #4's health assessment showed no completion date by the physician, and it was left blank. A review of Resident #4 demographic information found no emergency contact information for him. Interviewed on . . . . . at 12:21 PM the Owner stated that Resident #4 does not have any family. The Owner stated further that he got to get the doctor to fill out the health assessments. Interviewed on at 3:59 PM the case	A 162		

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A 162	Continued From page 51 manager for Resident #4 stated that Resident #4 was homeless and was sent to the facility from a nursing home and that he was in the long-term care program. Class III	A 162		
AL241 SS=D	429.075( ); 59A-36.020(2) FAC LMH - Records 429.075 (3) A facility that has a limited mental health license must: (a) Have a copy of each mental health resident's community living support plan and the agreement with the mental health care services provider or provide written evidence that a request for the community living support plan and the agreement was sent to the Medicaid managed care plan or managing entity under contract with the Department of Children and Families within 72 hours after admission. The support plan and the agreement may be combined. (b) Have documentation provided by the department that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission. (c) Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document. (d) Assist the mental health resident in carrying	AL241		

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AL241	Continued From page 52 out the activities identified in the resident's community living support plan. (4) A facility that has a limited mental health license may enter into a , agreement with a private mental health provider. For purposes of the limited mental health license, the private mental health provider may act as the case manager. 59A-36.020 (2) RECORDS. (a) A facility with a limited mental health license must maintain an up-to-date admission and discharge log containing the names and dates of admission and discharge for all mental health residents. The admission and discharge log required in rule 59A-36.015, F.A.C., satisfies this condition provided that all mental health residents are clearly identified. (b) Staff records must contain documentation that designated staff have completed limited mental health training as required by rule 59A-36.011, F.A.C. (c) Resident records must include: 1. Documentation, provided by a mental health care provider within 30 days of the resident's admission to the facility, that the resident is a mental health resident as defined in section 394.4574, F.S., and that the resident is receiving social security , or supplemental security income and as follows: a. An affirmative statement on the Alternate Care Certification for , , ( ) form, CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-03988, that the resident is receiving SSI or	AL241		

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AL241	Continued From page 53 SSDI due to a mental , . b. Written verification provided by the Social Security Administration that the resident is receiving SSI or SSDI for a mental . Such verification may be acquired from the Social Security Administration upon obtaining a release from the resident permitting the Social Security Administration to provide such information, or c. A written statement from the resident's case manager or other mental health care provider that the resident is an adult with severe and persistent mental . The case manager or other mental health care provider must consider the following minimum criteria in making that determination: (I) The resident is eligible for, is receiving, or has received mental health services within the last 5 years, or (II) The resident has been diagnosed as having a severe or persistent mental . 2. An appropriate placement assessment provided by the resident's mental health care provider within 30 days of admission to the facility that the resident has been assessed and found appropriate for residence in an assisted living facility. Such assessment must be conducted by a psychiatrist, clinical psychologist, clinical social worker, , , nurse, or an individual supervised by one of these professionals. a. Any of the following documentation that contains the name of the resident and the name, signature, date, and license number, if applicable, of the person making the assessment, meets this requirement: (I) Completed Alternate Care Certification for , , , ( ) form, CF-ES Form 1006, (II) Discharge Statement from a state mental hospital completed no more than 90 days before	AL241		

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AL241	Continued From page 54 admission to the assisted living facility provided it contains a statement that the individual is appropriate to live in an assisted living facility, or (III) Other signed statement that the resident has been assessed and found appropriate for residency in an assisted living facility. b. A mental health resident returning to a facility from treatment in a hospital or crisis stabilization unit will not be considered a new admission and will not require a new assessment. However, a break in a resident's residency that requires the facility to execute a new resident contract or admission agreement will be considered a new admission and the resident's mental health care provider must provide a new assessment. 3. A Community Living Support Plan. Each mental health resident and the resident's mental health case manager must, in consultation with the facility administrator, prepare a plan within 30 days of the resident's admission to the facility or within 30 days after receiving the appropriate placement assessment in paragraph (2)(c), whichever is later, that: a. Includes the specific needs of the resident that must be met in order to enable the resident to live in the assisted living facility and the community, b. Includes the clinical mental health services to be provided by the mental health care provider to help meet the resident's needs, and the frequency and duration of such services, c. Includes any other services and activities to be provided by or arranged for by the mental health care provider or mental health case manager to meet the resident's needs, and the frequency and duration of such services and activities, d. Includes the [redacted] of the facility to facilitate and assist the resident in attending [redacted] and arranging transportation to [redacted] for the services and activities	AL241		

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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
AL241	Continued From page 55 identified in the plan that have been provided or arranged for by the resident's mental health care provider or case manager, e. Includes a description of other services to be provided or arranged by the facility, f. Includes a list of factors pertinent to the care, safety, and welfare of the mental health resident and a description of the signs and symptoms , to the resident that indicate the immediate need for professional mental health services, g. Is in writing and signed by the mental health resident, the resident's mental health case manager, and the assisted living facility administrator or manager and a copy placed in the resident's file. If the resident refuses to sign the plan, the resident's mental health case manager must add a statement that the resident was asked but refused to sign the plan, h. Is updated at least annually or if there is a significant change in the resident's behavioral health, i. , include the , Agreement described in subparagraph (2)(c)4. If included, the mental health care provider must also sign the plan; and, j. Must be available for inspection to those who have legal authority to review the document. 4. , Agreement. The mental health care provider for each mental health resident and the facility administrator or designee must prepare a written statement, within 30 days of the resident's admission to the facility or receipt of the resident's appropriate placement assessment, whichever is later. The statement: a. Provides procedures and directions for accessing emergency and after-hours care for the mental health resident. The provider must furnish the resident and the facility with the	AL241		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969614	A. BUILDING: _____ B. WING _____	04/17/2024

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AL241	Continued From page 56 provider's 24-hour emergency crisis telephone number; b. Must be signed by the administrator or designee and the mental health care provider, or by a designated representative of a Medicaid prepaid health plan if the resident is on a plan and the plan provides behavioral health services in section 409.912, F.S.; c. [redacted] cover all mental health residents of the facility who are clients of the same provider; and, d. [redacted] be included in the Community Living Support Plan described in subparagraph (2)(c)3. 5. Missing documentation 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 appropriate party. A documented request for such missing documentation made by the facility administrator within 72 hours of the resident's admission will be considered a good faith effort. The documented request must include the name, title, and phone number of the person to whom the request was made and must be kept in the resident's file. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility with limited mental health licensed failed to update the admissions and discharge log to indicate two (#5, #6) out of six sampled residents were mental health residents. Findings: A review of the admissions and discharge log found no documentation that Residents #5 and #6 were mental health residents. A review of Resident #5's records found a community living support plan and a [redacted],	AL241		

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
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AL241	Continued From page 57 agreement in file dated . . . . . . A review of Resident #6's records found a community living support plan and a , agreement in file dated . . . . . . Interviewed on . . . . . at 12:21 PM when asked who the mental health residents were, the Owner stated Residents #5 and #6. When asked if it was on the admissions and discharge log, the Owner stated, "No." Class III	AL241		