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
	AL11965313	A. BUILDING: _____ B. WING _____	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARLISLE ASSISTED LIVING AND MEMORY CAF	450 EAST OCEAN AVENUE LANTANA, FL 33462

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Complaint survey (#2024001346, #2023017386, #2024002480) was commenced on and concluded on at The Carlisle Assisted Living and Memory Care. The facility had deficiencies identified related to Complaint numbers 2023017386 and 2024002480 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	A 010		

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A 010	Continued From page 1 receiving hospice services if the arrangement is agreed to by the facility and the resident, 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	A 010		

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A 010	Continued From page 2 Children and Families, the administrator must notify the appropriate contact person in the 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	A 010		

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A 010	Continued From page 3 plan of care issued by a health care practitioner, 2. The condition is documented in the resident's 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	A 010		

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities 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, interview, and observations, it was determined the facility failed to ensure that a resident was reassessed for continued residency upon exhibiting significant health changes and/or decline in health status to ensure that the facility was capable of providing the care and services, as per physician order and based on the resident's diagnosis, for 1 of 13 sampled residents' records reviewed (Resident #5). The facility also failed to ensure that a resident was capable of performing his/her Activities of Daily Living (ADLs) with assistance and/or supervision, for 1 of 13 sampled residents' records reviewed (Resident #5). The findings included: Review of the current facility's license revealed they did not offer Limited Nursing Services (LNS) or Extended Congregate Care (ECC). Review of Resident #5's Health Assessment form (AHCA Form 1823) dated documented the medical history and diagnoses as ( ), ( ), ( ) and ( ). Physical or Sensory limitations were documented as limited ambulation and assistance with transfers. The form documented that the resident required assistance with ambulation, eating, transferring and total care with bathing, , self-care, and toileting. Further review of the resident's file revealed a physician order dated for	A 010		

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A 010	Continued From page 5 as needed. The record had no documentation indicating that Resident #5 was receiving Hospice services. During an interview on at 9:31 AM, the Director of Wellness (DOW) was asked whether Resident #5 was receiving hospice services. She stated, "No, not to her knowledge". During an interview with the DOW and the Administrator on , both were asked whether Resident #5 was physically assessed and evaluated for continued residency for the facility. Both stated, the [a family member] does not allow the staff access into the room to interact with the resident. [A family member] has also informed Resident #5's physician not to speak with us. We have a health assessment that is almost , but we are not even sure if it is accurate or completed as a -to-assignment. We were only able to obtain this assessment after months of reaching out to [a family member] and finally had the medical office fax the form (AHCA form 1823) to the facility dated . The Administrator and DOW stated, the resident has declined in health status tremendously over the past months and they believe the resident is a total care resident. They stated they have not been able to assess the resident as other residents in the facility are assessed to determine care plans and continued residency. They are not aware of the resident's medical and the outcomes. They also stated they are not sure what medications the resident is taking because the last medication list provided by [a family member] was 2 years ago and will not allow access to the room. Both stated, they usually only get to see the resident daily in the evening by the pool where he sits in the wheelchair with his Private Duty Aide (PDA)	A 010		

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A 010	Continued From page 6 while he is drinking . She was also questioned regarding who monitors and administers the , both stated, "we don't know", the [a family member] will not let us in, nor will allow the doctor to communicate with us. During a tour of the resident's room on and with the Administrator and the DOW, an canister and a machine were observed in the living room, in addition to an concentrator located in the resident's room. During an interview with the Resident's Private Duty Aide (PDA) on at 11:40 AM, it was revealed that Resident #5 has PDAs assigned for 24 hours per day (hired by a family member). The shifts are split between 2 PDAs daily. Further interview with the PDA revealed the resident has declined and requires total care. The resident is unable to perform any care for himself. It was further revealed that Resident #5's [family member] fills the weekly pill organizer, and the exact medications are unknown to the PDAs. He stated, we just pull the meds from the pill organizer and mix it with his meal for him to consume. He stated, the resident receives morning medications around 1 PM (when the resident awakes for the day) and the evening medications in the late evening/night. They stated the resident sleeps in late daily until 1 PM and stays up late at night until approximately 1 AM or 2 AM. It was also revealed that the medications are not kept (stored) at the facility and that [a family member] has the medications. Further observations of Resident #5's pill organizer with the DOW revealed 2 pills for the AM and 7 pills for the PM. The DOW stated based on review of his last medication list	A 010		

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A 010	Continued From page 7 provided by [a family member], she could only recognize 2 pills from the medications list and the other looked like supplements. She also identified a blue pill of question, and after further research, it was revealed, the resident is taking an , pill. The DOW stated she was not aware that the resident was taking this medication as it is not listed on the medication list. The DOW was also asked if they had documentation or consent from Resident #5's physician regarding him consuming (wine and other products as identified in the resident's room). She stated the facility has no documentation regarding this matter. During an interview with the PDA on at 11:40 AM, he stated that they have assisted the resident occasionally in the past with usage. He is not sure how often the resident receives assistance with the when he is not on duty. However, he believes the resident hasn't had to use it in about 5 months. He stated the resident had some breathing problems a couple months ago, that resulted in him needing due to him having Coronavirus (COVID). At this time, the DOW stated we (the facility) were not aware of this. During an interview by phone with Resident #5's Nurse Care Manager on at 2:43 PM, the following was revealed. She stated she was hired by [a family member] (the Power of Attorney) to help oversee the resident's care needs. She stated, she helps coordinate Resident #5's care with ADLs and advocates for him with the facility. She stated she visited and conducted an assessment on him , which included a vital check, fluid and skin check. She also stated, she observes the PDAs providing care to Resident #5. She stated, she does not pour his	A 010		

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A 010	Continued From page 8 medications and has a medication list (dated from 2022). She is not aware of his medication regime and who fills the pill organizer. She stated, she believes [a family member] does it all. She stated she doesn't know if Resident #5's [family member] reviews the medication regime with the PDAs. She stated the Physician comes as needed and every 3 to 4 months to see the resident. She stated she was not aware that the information from the medical visits were not shared with the facility. She was asked if she was aware of the total care marked on his last health assessment (AHCA form 1823). She stated, "no". She further stated that the resident has declined and does require total care with all his ADLs. She was asked if the resident was receiving hospice services. She stated, "No". She stated she is aware that the resident occasionally has a glass of wine but was not aware of the resident drinking other products. She also stated she was not aware that the Administrator, the DOW, or staff were not allowed in the room. Class III	A 010		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of ... or ... , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or	A 025		

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A 025	Continued From page 9 designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (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	A 025		

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A 025	Continued From page 10 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, it was determined that the facility failed to provide continued supervision for a resident suffering from that resided in the secured Memory Care Unit (MCU) while attending activities outside of the secured Memory Care Unit for 1 of 1 sampled resident at risk for elopement (Resident #2). The lack of supervision resulted in the resident being missing and unsupervised for an unspecified amount of time, in which the facility had no knowledge of the resident's whereabouts. The Findings Include: In an interview with the Administrator and Director of Wellness (Staff B) on . . . . . at 11:25 AM, a request was made for the facility's Elopement Policy. A review of the facility's Elopement/Missing Resident Policy dated . . . . . documented the following: OBJECTIVE: The purpose of the policy and procedure is to provide an overview of the process for a missing resident. RESPONSIBILITY: Executive Director and Director of Wellness. When a resident is discovered to be missing, immediately do the following: -Alert the person in charge (Director of Wellness, Memory Care Director, ED, or designated associate in charge).	A 025		

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A 025	Continued From page 11 -Person in charge checks the communication log to see if resident is off premise and assigns an associate to quickly check the resident sign out book and visitor log. -Person in charge pulls the resident demographic/ sheet for photo identification and bring to the front desk. (do not call 911 at this time). -Person in charge will announce on radio "Code Purple, all available staff report to the front desk missing residents last name and apartment number." -Upon hearing the announcement, responding staff are to report immediately to the front desk, keeping a keen , , out for the missing resident on your way. -Staff that do not know the identity of the missing resident, will review the photo identification. -Person in charge coordinates and assigns staff (individually, not in teams) to the following: *Appropriate number of staff will be assigned to continue care of other residents with-in the community while other staff are assigned to following: *Check and open each exterior door including courtyard and look left then right for the resident and report efforts to person in charge. *Check each and every room in the building and report efforts to person in charge. -Every resident room, closets, bathrooms, and beds (resident in bed needs to be visually identified as in the proper room/bed. *Public bathrooms *Stairwells *Cleaning closets *Storage closets/mechanical rooms * of the house areas *Laundry areas *Activity areas.	A 025		

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A 025	Continued From page 12 *Dining areas *Offices *Check roof access and roof. *Pool areas and pool/hot tub if applicable. *Building perimeter and adjacent areas searched. *Community/Property entrance/exit and nearest roadways *Initiate a vehicle motor patrol, assigning an associate to patrol nearest roadways in a vehicle working out from community in a 5-mile . IF RESIDENT IS FOUND: Person in charge announces on radio: Code Purple, all clear. I repeat all clear." -Assess residents physical, mental condition and behavior, update ED/DW consider whether a medical evaluation is in order. -Complete Assessment. -Provide hydration, comfort measures if applicable -All contacts made during search are re-contact to announce residents return. (ED, HWD, NCD and Family) -Review all measures needed to protect the resident. It may be necessary to bring in additional staff or employ agency personnel to stay with resident for next 24 hours. -Complete post incident review of how elopement occurred. -Immediately correct any identified issues to eliminate recurrence -Debrief with all associates involved-what went well? What should be done differently? -ED or WD report to state if applicable. IF RESIDENT IS NOT FOUND WITHIN 30 Minutes (or state required time frame): -Notify ED Immediately. -Obtain missing resident demographic/ . . . sheet and emergency contacts.	A 025		

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A 025	Continued From page 13 -Person in charge or their designee will notify responsible party or next of kin to see if they took resident out without signing out. -Notify VPO with a phone call -Notify VPW with a phone call -ED or their designee to notify Police or 911 -ED to notify State Regulatory if required A review of Resident #2's Progress Notes revealed an entry dated at 8:08 AM by Staff B, revealing the following. The Resident was in an activity in Assisted Living when he had to be escorted to the restroom. A new hire (Staff RRRR) told the Activity Assistant that she would take him, and that she had to go clock in from break. When it was discovered that Resident #2 did not return to the activity (no time given/or documented), a full search began including all staff and department heads from all departments. It further documented that the front desk was alerted to send out all drivers to search the parking lot and then to go over to the local supermarket (across the street from the facility). The front desk was also instructed to call the local supermarket, a search was conducted throughout the facility, and 911 was called and arrived at the community (no time provided for the call or arrival). It further documented that Staff B found Resident #2 inside of Resident #33's room sitting in the living room chatting with Resident #33. The elopement process was completed by the nurse on duty, who was instructed to take a full headcount and the resident was returned to the Memory Care Unit (MCU). The Progress Notes failed to document the actual date of the incident. A review of Resident#2's Residency Agreement dated documented on page 3, section C-2: Assistance with Activities of Daily Living. As	A 025		

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A 025	Continued From page 14 part of Your Wellness Fee, the Community's staff will provide assistance or supervision to You with [redacted], grooming, bathing and other activities of daily living as needed, to the extent allowed by applicable state law as set forth in the Resident Service Plan, a copy of which is attached hereto, and which may be amended from time to time (copy obtained). In an interview with the Memory Care Coordinator, Staff I on [redacted] at 12:17 PM, she stated that on [redacted] Resident #2 was part of a group of MCU Residents who were being taken to the Assisted Living 's (AL) activity area for an ice cream social located on another unsecured floor of the Assisted Living Facility (ALF). She stated while waiting at the elevator located in the Northwest section of the ALF lobby on the first floor, Resident #2 stated he had to use the restroom. She stated Staff RRRR assisted Resident #2 to the men's bathroom located in the AL lobby of the first floor nearest to the elevator. She further stated that at some point (no time provided) she and the new staff member (Staff RRRR) noticed Resident #2 was missing. She stated the facility staff implemented their elopement procedure, and he was located within 30 minutes on the second floor of the AL inside Resident #33's apartment. She also stated Residents of the Memory Care Unit do not wear bracelets or pendants. A review of Resident #2's facility file and documents revealed that Resident #2 was admitted to the facility's Memory Care Unit (MCU) on [redacted] where he continues to reside (at the time of the survey). A review of the Resident #2's file also revealed a Resident Health Assessment (Agency for Health	A 025		

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A 025	Continued From page 15 Care Administration (AHCA Form 1823) dated documented the Resident as having , with a status documented as . The Resident was documented as not being an elopement risk. Resident #2's AHCA form 1823 also documented that he required supervision for ambulation, toileting and transferring. A review of Resident #2's Nurse Service Plan dated documented the following. "Resident aide is to discipline resident, orientation shown as moderate , , resident has current or history of occasional disorientation to person, place, time, or situation even in familiar surroundings, and requires oversight safety. Lead caregiver is to discipline short-term memory." The facility DOW was unable to explain further the meaning of this noted entry. On at 2:31 PM, an interview was conducted with Resident #33 who resides in the AL. He stated he met Resident #2 in the AL's lobby downstairs located in the Northwest section of the facility (1st floor), and asked him where he was going, and if he wanted to get into the elevator and he said "yes". He stated he asked Resident #2 what floor and he said he didn't know. He stated Resident #2 was informed that he was getting off on the second floor, and Resident #2 followed him down the hall. Resident #33 stated he asked Resident #2, if he wanted to come into his apartment, and he said "yes". Resident #33 did not state why he invited Resident #2 into his apartment. He stated Resident #2 came into his apartment and asleep in a chair for about 45 minutes. Resident #33 did not know staff was looking for Resident #2 and did not inform staff that he was inside his room.	A 025		

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A 025	Continued From page 16 Resident #33 further stated in the interview that after Resident #2 woke up, he asked him if he wanted to go to his room and Resident #2 said "yes". Resident #33 stated they walked out of his apartment and into the hallway and saw the Director of Wellness, Staff B, who informed him that they had been looking for Resident #2 for about an hour. A review of Resident #2's Post Elopement/Missing Resident Skin Observation Form dated documented the following. Resident #2 went missing at 3:00 PM on and was found prior to the 30-minute mark. A to- assessment was done, and no skin issues noted, and vitals within normal ranges. Further review of Resident #2's facility file and documents did not reveal that his AHCA Form 1823 had been updated to reflect his change in condition following the incident on . On at 12:08 PM, an interview was attempted with Resident #2. However, the interview was unsuccessful. Resident #2 did respond affirmatively to the question of whether he was okay. Observations of Resident #2 during the interview revealed that he was neat and clean, but unable to provide direct responses to any questions. In an interview with Staff B on at 11:18 AM, a second request was made for the health-related files and reports for Resident #2. They were not provided at that time. Therefore, the facility had no documentation to indicate the start time and end time of the search efforts for Resident #2's whereabouts.	A 025		

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A 025	Continued From page 17 In an interview with Staff B on . . . . . at 2:42 PM, a third request was made for the medical file and investigation reports for Resident #2. They were not provided at that time. In an interview with Staff B on . . . . . at 2:51 PM, she provided this surveyor with the Progress Notes for Residents 2. She was reminded that the report/documents related to Resident #2's elopement were not received, to which she responded that she would look for them. No documentation was provided during the survey. Further review of Resident #2's facility file and documents did not reveal that his AHCA Form 1823 had been updated to reflect his change in condition following the incident on . . Additional review of Resident #2's facility file and documents provided did not document corrective actions taken to prevent further occurrences. Class II	A 025		
A 028	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to offer supervision and assistance with a Resident's Activities of Daily Living needs (ADLs) as documented by the physician order and the facility's internal assessments (Service Care Plans), for 4 of 13	A 028		

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A 028	Continued From page 18 sampled residents' records reviewed (Resident #9, Resident #21, Resident #32, and Resident #22). The facility's inability to provide adequate supervision and assistance with ADLs to residents due to identified staffing concerns and lack of coordination of care directly threatens the safety and well-being of the residents residing in the facility. The findings included. In an interview with the Administrator and the Director of Wellness (DOW), Staff B on at 9:30 AM, a request was made for the facility's call bell response policy. The DOW stated they did not have a policy relative to staff answering or responding to the resident call bells/or pendants. A request was made to the DOW for 2 weeks of documentation of the call bell system response log for the entire facility. The following concerns were noted: On at 9:26 AM, the DOW and the Executive Director were questioned regarding who controls the call bell system. It was revealed that the Front Desk Staff (the Concierge Desk) receive the notification on the computer screen/system. The individual at the desk will announce it on the radio. She calls out the room number of the resident pendant/call bell which is affected and each Care Giver (Staff member) is assigned to a floor. The person on the floor for the call will respond once completed or set cleared or reset the pendant. It was further revealed that the facility's front Desk Staff controls/monitors the system from 7 AM to 3 PM, then from 3 PM to 11 PM. The security guards hired by a third-party company monitors the call system at night from 11 PM to 7 AM, following the	A 028		

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A 028	Continued From page 19	A 028		

same procedures of the day shift. At this time, they were asked if the security guards (Staff JJJ, KKKK and LLLL) had any training with respect to these duties. They stated they would have to check on this question. The facility was also unable to verify each security guard had job specific training, no further documentation provided.

A) Review of the Device Activity Report (Call Bell system report) for Resident #9 revealed the following:
1) [redacted] pendent pushed at 7:26 PM, staff responded (reset time) noted as 34m 15 seconds
2) [redacted] pendent pushed at 5:39 PM, staff responded (reset time) noted as 40m 14 seconds
3) [redacted] pendent pushed at 8:01 PM, staff responded (reset time) noted as 34m 15 seconds
4) [redacted] pendent pushed at 06:20 AM, staff responded (reset time) noted as 40m 14 seconds
5) [redacted] pendent pushed at 09:22 PM, staff responded (reset time) noted as 38m 16 seconds
6) [redacted] pendent pushed at 10:00 PM, staff responded (reset time) noted as 38m 16 seconds
7) [redacted] pendent pushed at 10:11 AM, staff responded (reset time) noted as 4m 17 seconds
8) [redacted] pendent pushed at 10:16 AM, staff responded (reset time) noted as 4m 17 seconds

During an interview with the Med Tech (Staff L) and the DOW (Staff B) on [redacted] at 11:35 AM, they were questioned regarding the aforementioned wait times. They were asked regarding why Resident #9 had to wait so long after pushing his pendent/call bell and whether

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A 028	Continued From page 20	A 028		

they had followed up with staff regarding the excessive wait time. Furthermore, they were asked regarding what is considered a reasonable amount of time to wait when the call bell is pushed; they stated it just depends. However, they were not able to provide any documentation or evidence of which they followed up regarding the excessive wait time for Resident #9. Staff L proceeded to state that she believed there was a problem with his pendent. However, she was questioned again whether they had tested it, and if they felt the pendent was a problem. No response was provided.

During an interview with Resident #9 on at 12:10 PM, he stated the staff does the best they can, and that staff comes as soon as they can. The resident did not recall the call bell incidents, but confirmed he did press the call bell pendent. He further stated that sometimes he puts on a "double diapers" just in case they don't come on time. Resident #9 said he knows the nurse is helping another resident sometimes that's why they take longer. Observation of Resident #9 noted he was frail, pale, and in appearance. It was further noted, the resident was observed in an electric wheelchair, headed to prepare food in his kitchen. Resident #9 stated his food used to get delivered but that it has gotten costly. He stated, I usually don't go down for meals, but that's my choice.

A review of Resident #9's Resident Health Assessment (AHCA Form 1823) dated documented he requires supervision with eating. Further review of Resident #9's Resident Health Assessment (AHCA Form 1823) dated documented his diagnosis includes ( ), ( ), ( ), ( ),

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A 028	Continued From page 21), 's , , a Mild , and . The Resident's Health Assessment also documented his Activities of Daily Living (ADL) needs as requiring assistance with toileting, bathing, , transferring, and ambulation as well as supervision with eating. Review of the Service Plan Detail for Resident #9 revealed he is a level 4 (5 being the highest) and charged for this level of care. In an Interview with the DOW on at 6:47 PM she stated this is a maximum/high level of care requirement for this resident. The facility was asked to provide documentation indicating that a higher level of service/care is provided to the resident. The facility was unable to provide documentation indicating how staff were , the resident needs, including needs identified on the care plan. The Service Care Plan documented that the resident requires extensive to with ADL's. However, the facility was unable to provide documentation indicating implementation of additional care staff to assist this resident with his ADLs. Review of Resident #9's Progress Notes revealed an entry by Med Tech, Staff L on at 7:06 AM that Resident #9 called the front desk to report he had . The progress notes documented that Staff L, and the DOW went to his room and found the resident on the bathroom floor. It also documented that Resident #9 stated he was using his wheelchair as a walker to go brush his and lost his balance. Post investigation notes dated also indicate the resident was instructed not to use the wheelchair for a walker. Observations of Resident #9 on multiple	A 028		

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A 028	Continued From page 22 occasions throughout the survey in his room revealed he hadn't received assistance with his ADLs from facility staff. Although, his service plan and AHCA form 1823 indicated that he required assistance and supervision with his ADLs. A review of Resident #9's Service Plan Detail documented that Resident #9 is a "moderate risk for potential and requires personalized interventions". The facility identified these problems but is not following personal interventions. The DOW was unable to provide further explanatio nregarding this note in the service plan. During an interview with Resident #9 on at 5:30 PM, the resident was observed struggling to walk from the bathroom to his bedroom without assistance. The Resident was observed utilizing his wheelchair as support to walk from the bathroom to the room. Further observations of Resident #9's wheelchair revealed there were two folded towels on the seat. The Resident stated the towels are placed in the wheelchair by him, in the event he soils himself and must wait for assistance. Additionally, Resident #9 stated during the interview on at 5:30 PM, he does not order his food from the facility's kitchen anymore because they charge him and that adds up. He stated he has cereal, makes pasta in the microwave, and has some protein shakes. He stated that when he runs out of food, the individual documented in Resident #9's file as being his Care Manager takes him to the supermarket. A review of Resident #9's Service Plan Detail (Service Plan) documented he requires complete physical assistance with all	A 028		

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A 028	Continued From page 23 meals and snacks but can assist with certain tasks. Review of Resident #9's contract dated documented the following for Basic services- meals : As part of your Monthly Services Fee, the Community will make available to you three(3) nutritionally well balanced meals per day and daily snacks. Basic modified diets including no-added salt, no concentrated sweets and mechanical diets(chopped or pureed) will be available to you if prescribed by your physician as a medicall necessity, or if otherwise requested by you, at no additional charge. Subsequent to the interview, on at 5:34 PM, the Surveyor pulled the call response cord in Resident #9's bathroom. Observations revealed that as of 5:48 PM, no staff had responded to the call bell. As no facility staff personnel arrived at Resident #9's room, at 5:48 PM the call response cord in Resident #9's bedroom next to his bed located in the center of the room was pulled again. At this time, the Surveyor then walked downstairs to the Concierge at the front desk and informed the concierge that Resident #9 call button was activated, and no one had responded. The Concierge then called the floor staff on the radio, and Staff II a direct care aide, responded that she had not arrived at Resident #9's room but was on her way to his room. Observation by the surveyor revealed that at 5:56 PM Staff II responded to the call bell, but only after the Surveyors intervened. In an interview with the individual documented as the Care Manager for Resident #9 on at 12:02 PM, he stated that he is not the Care Manager for Resident #9, but is his Surrogate Health Care and a friend of over 10 years to the	A 028		

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A 028	Continued From page 24 resident. He also stated that he officially became his designated Health Care Surrogate 3 years ago and visits him two to three times a week. Regarding Resident #9's health condition, he stated during the interview that Resident #9 has , , he is on the spectrum ( ), and is moderately , ... With regards to the actual care being received, he stated he doesn't think they are providing care indicative of a Level 4, and they need to improve the quality of care. He also stated that he felt the apartment was not being cleaned regularly as indicated in his service plan. He also stated that he thinks there should be a quicker response from the people on the floor. He also stated that it would be nice to have someone check on Resident #9 and contact him as the surrogate. He stated that if he doesn't call the facility, they don't call him, and would like better coordination of care to take place. In an interview with the DOW and Administration on at 6:47 PM, they were made aware of the concerns identified regarding Resident #9. The concerns discussed were the following; resident stated that he is extremely depressed, resident assessed and charged at a level 4 of care and not receiving Level 4 services. Additionally, they were informed of his . . . . . status and staff's failure to timely/or accurately respond to his calls for assistance. No additional documentation regarding level of care was provided during the survey. B) A review of Resident #21's record revealed an admission date to the facility on . . . . Resident #21's AHCA Form 1823 dated . . . . . documented her diagnosis includes , Sarcopenia, , and Actinic Keratosis. The form also documented her Activities of Daily Living (ADL) as requiring	A 028		

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A 028	Continued From page 25 assistance with bathing and . And that she requires supervision in ambulation, self-care, toileting, and transferring; independent with eating. The status was noted as and . The resident is documented as requiring Level 2 Care. Review of the Device Activity Report (Call Bell system report) for Resident #21 revealed the following: 1) pendent pushed at 12:46 PM, staff responded (reset time) noted as 34 minutes. 2) pendent pushed at 8:46 AM, staff responded (reset time) noted as 22 minutes. 3) pendent pushed at 9:40 PM, staff responded (reset time) noted as 24 minutes. 4) pendent pushed at 6:44 PM, staff responded (reset time) noted as 168 minutes During a confidential interview, it was revealed that the resident's health status has declined and the resident requires additional assistance. Review of Resident #21's record failed to indicate any follow-up actions taken by the facility to address the aforementioned extended wait times for the resident on noted dates in addition to the health status decline. C) A review of Resident #22's file revealed an admission date on to the facility. Resident #22's Health Assessment form (AHCA form 1823) documented the resident's diagnoses as , , , , , , , , . Resident #22's or behavioral status was noted as . The form further documents that the resident requires assistance with all ADLs except eating and self-care which	A 028		

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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
A 028	Continued From page 26 are documented as independent. Resident documented as requiring a Level 4 Facility Service Care. Review of the Device Activity Report (Call Bell system report) for Resident #22 revealed the following. 1) pendent pushed at 7:52 PM, staff responded (reset time) noted as 76 minutes 16 seconds 2) pendent pushed at 4:01 PM, staff responded (reset time) noted as 1 minutes, 16 seconds 3) pendent pushed at 7:39 PM, staff responded (reset time) noted as 11 minutes, 43 seconds 4) pendent pushed at 8:36 AM, staff responded (reset time) noted as 7 minutes, 1 seconds 5) pendent pushed at 3:58 PM, staff responded (reset time) noted as 2 minutes, 18 seconds 6) pendent pushed at 7:44 PM, staff responded (reset time) noted as 6 minutes, 21 seconds 7) pendent pushed at 12:27 PM, staff responded (reset time) noted as 6 minutes, 44 seconds 8) pendent pushed at 5:12 PM, staff responded (reset time) noted as 4 minutes, 16 seconds 9) pendent pushed at 7:51 PM, staff responded (reset time) noted as 8 minutes, 23 seconds 10) pendent pushed at 1:40 PM, staff responded (reset time) noted as 11 minutes, 52 seconds 11) pendent pushed at 7:32 PM, staff responded (reset time) noted as 16 minutes, 38 seconds	A 028		

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	AL11965313	A. BUILDING: _____ B. WING _____	04/12/2024

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A 028	Continued From page 27 12) . . . . . pendent pushed at 8:00 PM, staff responded (reset time) noted as 1 minutes, 5 seconds 13) pendent pushed at 11:34 PM, staff responded (reset time) noted as 42 minutes, 55 seconds 14) . . . . . pendent pushed at 3:53 PM, staff responded (reset time) noted as 4 minutes, 58 seconds 15) pendent pushed at 3:59 PM, staff responded (reset time) noted as 1 minutes, 27 seconds 16) . . . . . pendent pushed at 7:58 PM, staff responded (reset time) noted as 33 minutes, 1 seconds 17) pendent pushed at 3:20 PM, staff responded (reset time) noted as 11 minutes, 36 seconds 18) . . . . . pendent pushed at 4:02 PM, staff responded (reset time) noted as 1 minutes, 16 seconds 19) pendent pushed at 7:50 PM, staff responded (reset time) noted as 11 minutes, 43 seconds 20) . . . . . pendent pushed at 4:00 PM, staff responded (reset time) noted as 2 minutes, 18 seconds 21) pendent pushed at 7:50 PM, staff responded (reset time) noted as 6 minutes, 21 seconds 22) . . . . . pendent pushed at 8:01 PM, staff responded (reset time) noted as 1 minutes, 5 seconds 23) pendent pushed at 8:00 PM, staff responded (reset time) noted as 8 minutes, 23 seconds 24) . . . . . pendent pushed at 7:49 PM, staff responded (reset time) noted as 16 minutes, 38 seconds 25) pendent pushed at 9:09 PM, staff	A 028		

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A 028	Continued From page 28	A 028		

responded (reset time) noted as 76 minutes, 16 seconds
26) . . . . . pendent pushed at 8:43 AM, staff responded (reset time) noted as 7 minutes, 1 seconds
27) pendent pushed at 12:17 AM, staff responded (reset time) noted as 42 minutes, 55 seconds
28) . . . . . pendent pushed at 3:58 PM, staff responded (reset time) noted as 4 minutes, 58 seconds
29) pendent pushed at 4:01 PM, staff responded (reset time) noted as 1 minutes, 27 seconds
30) . . . . . pendent pushed at 8:10 PM, staff responded (reset time) noted as 33 minutes, 1 seconds
31) pendent pushed at 3:31 PM, staff responded (reset time) noted as 11 minutes, 36 seconds
32) . . . . . pendent pushed at 12:34 PM, staff responded (reset time) noted as 6 minutes, 44 seconds
33) pendent pushed at 1:52 PM, staff responded (reset time) noted as 11 minutes, 52 seconds

Review of Resident #22's record failed to indicate any follow-up actions taken by the facility to address the aforementioned extended wait times and multiple requests for the resident on noted dates.

In an interview with Resident #22 on at 2:39 PM, she stated facility care staff come when they can, sometimes it takes 20 minutes before they do. She stated during the interview she has to call the facility's help line, which is a cell phone. She further stated that sometimes no one answers, and she needs assistance. If no one

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A 028	Continued From page 29 answers, it goes to Staff B's voicemail. She also stated that no nurse on duty has a phone with them. She further stated there is only one nurse at the facility during the 11:00 PM - 7:00 AM shift, and that nurse is shared with the Memory Care unit. She stated that her husband gives her medicine to her. Her husband (her roommate), stated the whole purpose of placing Resident #22 in the facility was to take some of the responsibility away from him, and right now he is doing more. Resident #22 stated her husband cannot lift her, which is why she needs assistance. Resident #22 stated that if she is on the toilet, the staff leave her and say they will be right and return 20-30 minutes later. Resident #22's husband further stated that every night at 11:30 PM, someone needs to be here to take her to the bathroom, and at 4:30 PM to take her to dinner, 7:30 PM to prepare her for bed, and at 5:00 AM in the morning to assist her with her ADLs. However, the facility staff is not consistent with providing care services and timely service to meet Resident #22's needs. Upon follow up, during an interview the Administrator, the Director of Wellness and Executive Director called the helpline on at approximately 7:00 PM and no one answered it. He stated that's weird, someone always answers it, and that he would check up on it. D) A review of Resident #32's file revealed an admission date to the facility on . Resident #32's Health Assessment Form (AHCA Form 1823) dated documented the resident's diagnoses as , , history of	A 028		

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A 028	Continued From page 30 2016)/. . . , ... Further review of the Health Assessment form documented that she requires assistance with all of her ADLs except eating, which is noted as independent. A review of Resident #32's Service Plan document dated revealed Resident #32 is on a Level 4 care level. Specifically, frequent -on assistance with transfers and/or change in position, extensive physical assistance with parts of toileting task, and extensive -on assistance with assistive device which she uses for mobility and ambulation. During an interview on at 10:15 AM with Resident #32, it was revealed that on , she on the floor and pressed the button (call bell) for assistance. She stated she rarely presses the button unless she is sitting on the floor, as she was on when she . She stated that sometimes they come and sometimes they don't. Review of the Device Activity Report (Call Bell system report) for Resident #32 revealed the following: 1) pendent pushed at 09:17 AM, staff responded (reset time) noted as 25 minutes. 2) pendent pushed at 5:32 PM, staff responded (reset time) noted as 83 minutes. 3) pendent pushed at 12:22 PM, staff responded (reset time) notes as 26 minutes 4) pendent pushed at 05:20 PM, staff responded (reset time) notes as 32 minutes Review of Resident #32's record failed to indicate any follow-up actions taken by the facility to address the aforementioned extended wait times	A 028		

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A 028	Continued From page 31 for the resident on noted dates. E) Review of a grievance and concern voiced by a confidential Resident's Representative revealed Staff J (Direct Care Staff) was found to be sleeping at the Nurses Station while on duty (exact floor unknown) during the 11 PM to 7 AM shift during the weekend hours of . . . . . and . Evidence revealed Staff J was sleeping with her . . . on the desk in the Nursing station with the doors closed (door noted to have small glass window panels allowing complete view inside the room). During an interview with the DOW on at approximately 9 AM, she stated that Staff J (Direct Care Staff) was questioned on the evening of . . . . . regarding her sleeping (exact time unknown). The DOW stated that Staff J stated she was only resting her . . . on the evening of , when the surveyor conducted an inspection/survey during the hours of 10 PM and 12 AM, and she was not sleeping. However, further review of the photographic evidence regarding Staff J revealed the incident occurred prior to the . . . . . onsite visit by the Agency. Review of the disciplinary report revealed the following: Staff J received counseling on by the DOW. The verbal counseling noted as other. Summary of violation noted as "observed employee sitting at desk with her . . . down. Suspended pending investigation." Confidential resident and family interviews conducted on . . . . . and . . . . revealed they entered the facility in the late-night hours and found staff sleeping. The Administrator, the Executive Director and the DOW were all questioned if they had previously addressed this issue (staffing concerns and staff	A 028		

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A 028	Continued From page 32 sleeping) by making unannounced visits at night to the facility. All parties stated, "No". Further investigation revealed confidential resident and family interviews conducted on and revealed they entered the facility in the late-night hours and found staff sleeping. The Administrator, the Executive Director and the DOW were all questioned, if they had previously addressed this issue (staffing concerns and staff sleeping) by making unannounced visits at night to the facility. All parties stated, "No". Further review of the Device Activity Report for the prior 2 weeks (-) revealed multiple service requests via residents' pendants reflecting extended wait times of more than 20 minutes. An additional review also indicated some calls are answered in 1 to 5 minutes. However, there are discrepancies with this quick response time as the Staff Member was already attending to another call at the time of the cleared request. Staff could not be in two locations at once. However, the facility had no documentation indicating any type of follow-up to these identified matters until the survey inspection identified these concerns. Confidential resident interviews also confirmed extended wait times beyond 5 minutes. During a confidential staff interview on at 1:30 PM, it was revealed that staff are informing the Concierge Desk staff to clear the call lights in the system without responding to the resident's needs. During an interview with the facility's Chief Operating Officer(COO) on at	A 028		

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A 028	Continued From page 33 approximately 10:30 AM, regarding staff responding to the call bell system and the response times, he stated staff should not radio for the Concierge Desk to clear the calls and that the calls should be cleared only by the staff in the resident's room upon providing assistance. Class II	A 028		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow 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,	A 030		

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A 030	Continued From page 34 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . , neglect, and . ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. 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	A 030		

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A 030	Continued From page 35 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened 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	A 030		

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A 030	Continued From page 36	A 030		

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 , , for health care services, the provision of or arrangement of transportation to health care , , ,

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A 030	Continued From page 37	A 030		

representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that

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A 030	Continued From page 38 retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that 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 record review and interview, it was determined the facility failed to implement and follow an effective Grievance Procedure that demonstrated a system for receipt and resolution of all grievances of residents and/or their representatives.	A 030		

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A 030	Continued From page 39 The findings included: During an interview with the Administrator and Director of Wellness (DOW) on at approximately 11 AM, the facility grievance policy and procedure was requested. Review of the facility's policy entitled, "Resident's Grievances and Procedures" with an effective/revision date . . . . . notes the following: Objective: Any resident or family member is encouraged to verbally voice a grievance or complaint to an associate at any time without apprehension or concern about reprisal or incurring any unfair treatment. It is the policy of this community to provide the best possible service to the residents within the limits of its license authorization,staffing and physical plant capabilities. Procedure/Policy: Formal Complaint Procedure: A "formal" system is also available for submission of written grievances by residents. Any resident who has a complaint may use the following "formal" grievance Procedure: Step One: The resident or the resident's family should submit the grievance, explained fully to the Executive Director. If there is no resolution to the matter or you don not feel comfortable discussing, the matter with the Executive Director, proceed to step two. Step Two: The resident or resident's family request further consideration of the grievance by submitting the grievance to the Vice President of Operations with oversight of the applicable community: Bridge Senior Living [telephone number]	A 030		

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A 030	Continued From page 40 Attn: Vice President of Operations If there is no satisfaction or resolution, then the resident or the resident's family should proceed to step three. Step Three: The resident or resident's family request further consideration of the grievance by submitting the grievance to the Chief Operation Officer with oversight of the applicable community. Bridge Senior Living 1000 Legion Place, Suite 1600 Orlando, FL 32801 Attn: Chief Operating Officer Review of the facility's Grievance Policy and Procedures and interviews conducted with residents and family between to revealed the following: 1) A review of the documents in the binder revealed no documentation for grievances for 2022 and one grievance for 2023. The Administrator stated on at 9:26 AM, he had only been employed at the facility a couple of months and was unable to determine if any prior complaints or follow-up for any past grievances existed. During an interview with the DOW and the Administrator at 9:28 AM on , they were questioned regarding who is responsible for documenting, monitoring and following up on all complaints; no answer was provided. In reviewing the dated complaints for 2024, 19 complaints were logged. The 19 complaints failed to document in detail the full nature of the complaint (one word response documented), the actual resolution for each, and whom was responsible for the concern.	A 030		

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A 030	Continued From page 41 In further review of the 2024 complaints, it was noted that one complaint (Resident #1) was listed as " . . . . . " for the grievance type. The facility was asked to provide documentation indicating the nature of the . . . . . , and that they followed their . . . . . policy and procedure regarding this allegation . They were also asked to provide a detailed investigation regarding this incident, including notification to appropriate parties (including Department of Children and Families and local Law Enforcement). According to the Administrator, the incident involved an allegation of Staff C (not noted in the grievance listing) taking pictures of the . . . . . body of Resident #1 and was investigated by the Chief Operating Officer (COO). The facility was able to provide a summary of the investigation notes and the conclusion of the investigation conducted by the COO. However, the notes failed to document in detail all the specific elements of the investigation. For example, the name, dates and times of witness interviews, witness statements, removal of employment of Staff C (timeline), etc. It was also revealed that Staff C was removed from employment at the facility during the investigation for approximately 5 to 6 weeks. However, there is no documentation indicating the timeline of this temporary suspension. The only documentation available for review was the schedule and timecards; indicating Staff C was not working at the facility. The facility was only able to provide an email summary of communication with Resident #1's daughter (demonstrating they are investigating the concern) and their final conclusion. The Administrator stated, the final conclusion was that Staff C had not taken any pictures of Resident #1. The surveyor was also able to confirm Staff C took no pictures, confirmed through interviews with Staff C and	A 030		

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A 030	Continued From page 42	A 030		

other witnesses present. However, the facility failed to detailed documentation of the investigation. It was further stated, that Resident #1's daughter (also the daughter of #5) is actually exhibiting [redacted] behavior towards the staff at the facility and not the staff members towards the resident.

The Administrator and DOW were also questioned regarding which staff documented the current 19 complaints in the book (from [redacted] to [redacted]), neither could provide the staff name(s) both stated they were not sure. They were also unable to identify the dedicated staff member responsible for receiving and monitoring the residents'/family complaints for the facility.

2) During multiple confidential resident and family interviews conducted between [redacted] through [redacted], it was revealed that the facility has multiple issues that the facility never addresses. The main concerns voiced were regarding high management turnover, food issues, attitudes of direct care staff when responding to residents' care needs or requests, staff not answering the call bells, excessive high level of care charges but no service, excessive wait times upon calling for help through the call bell system, staff sleeping at night and no staff present at night. It was also revealed that most residents hire a Private Duty Aide to assist them daily because it is difficult to get facility staff to assist and/or there is an extremely long response time.

3) Review of a grievance and concern voiced by a confidential Resident's Representative revealed Staff J (Direct Care Staff) was found to be sleeping at the Nurses Station while on duty (exact floor unknown) during the 11 PM to 7 AM shift during the weekend hours of and

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A 030	Continued From page 43 . . . . . . Evidence revealed Staff J was sleeping with her on the desk in the Nursing station with the doors closed (door noted to have small glass window panels allowing complete view inside the room). During an interview with the DOW on . . . . . at approximately 9 AM, she stated that Staff J (Direct Care Staff) was questioned on the evening of regarding her sleeping (exact time unknown). The DOW stated that Staff J stated she was only resting her on the evening of . . . . . , when the surveyor conducted an inspection/survey during the hours of 10 PM and 12 AM, and she was not sleeping. However, further review of the photographic evidence regarding Staff J revealed the incident occurred prior to the onsite visit by the Agency. Review of the disciplinary report revealed the following: Staff J received counseling on . . . . . by the DOW. The verbal counseling noted as other. Summary of violation noted as "observed employee sitting at desk with her down. Suspended pending investigation." Confidential resident and family interviews conducted on and revealed they entered the facility in the late-night hours and found staff sleeping. The Administrator, the Executive Director and the DOW were all questioned if they had previously addressed this issue (staffing concerns and staff sleeping) by making unannounced visits at night to the facility. All parties stated, "No". Review of the facility's staffing schedule for , and . . . . . revealed Staff J works the 11 PM to 7 AM shift. The facility provided no additional documentation indicating that they had addressed the staffing issue upon notification	A 030		

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A 030	Continued From page 44 from the Agency on . . . . . . 4) Review of the facility's level care rating system revealed that residents rated at a 3 or higher are paying a larger care plan fee for care and services. During an interview with the DOW on . . . . . at approximately 4:15 PM, she stated the care needs are entered into the Care Level System Program (Service Plan) and the scores are automatically generated. However, during interviews with the DOW, Executive Director and Administrator on at 5 PM, when questioned regarding what service and care is expected to be provided with individuals identified as requiring a Level 3 or higher, no documentation or expectation could be provided. They were asked to provide documentation or evidence indicating facility staff are providing the extra care and services. They were unable to do so. During an interview with the Chief Operating Officer (COO) on . . . . . at 10 AM, he stated the system will automatically generate daily care logs for staff to sign off on for each resident. He stated in the future he will ensure each resident has one completed daily and that all residents will be re-evaluated for appropriate service plans. He stated, he was not aware that the facility's residents were voicing concerns regarding staffing, fee level charges and the negative attitudes of the staff when responding to residents. He also stated he was not aware of staff sleeping while on duty. He stated that is an automatic termination per facility policy. During an interview with the Administrator and the Executive Director on at 6:30 PM, the concerns identified during interviews and review of the grievance binder were provided. It was	A 030		

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A 030	Continued From page 45 revealed they both are new and the facility recently under went a management change (approximately about a year). They are not sure what the previous management teams had implemented and they have no way to identify any systems implemented to address grievances, specifically the concerns identified. They also confirmed that they had no documentation to reflect an evaluation of all grievance received and resolutions. They stated they were going to start monitoring and documenting the grievances more closely. The facility failed to demonstrate that their procedure for Grievances is implemented upon receipt of a complaint to ensure they effectively address concerns. The facility provided no additional information for review at the time of the survey. During an interview with the Administrator, the Executive Director and the DOW on . . . . . at 6:45 PM, it was revealed that the facility identifies the problems with the grievances and they will work on them in the future. The facility was also informed that the number provided in the Grievance Policy was called during the survey and the number just rung, no response. Class III	A 030		
A 051	59A-36.008(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) Only a resident who self-administers medications may maintain a pill organizer. (b) Unlicensed staff may not provide assistance with the contents of pill organizers. (c) A nurse may manage a pill organizer to be used only by residents who self-administer	A 051		

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A 051	Continued From page 46 medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse must manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident, 2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed, 3. Return the medication container to the storage area or resident; and, 4. Document the date and time the pill organizer was filled in the resident's record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it must be noted in the resident's record and the facility must consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility must contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication must be documented in the resident's record. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that a pill organizer is used only by a resident that has been assessed by his/her physician as capable of self-administering his/her medications. It was also determined that the facility failed to ensure that only licensed staff provide assistance with contents of a pill organizer, for 1 of 1 sampled residents that utilize a pill organizer (Resident #5). The findings include:	A 051		

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A 051	Continued From page 47 During an interview with the Director of Wellness (DOW) on . . . . . at 10 AM, it was revealed that the facility is not responsible for providing assistance with Resident #5's medications. It was also revealed that the facility didn't have a current medication observation record (MOR). She stated the facility has not provided medication assistance to the resident in over 2 years. The DOW was asked whom provided medication assistance to Resident #5. It was revealed that the Private Duty Aides (PDAs) assist Resident #5 with medications. During an interview with PDA #1 and PDA #2 on , it was revealed that they assist Resident #5 with his medications daily. It was revealed that the daily pill dosages stored in the pill organizer are maintained and refilled by the resident's [a family member] weekly. Both PDAs stated the medications provided to the resident from the pill organizer are unknown and not stored at the facility. They stated, we just pull the medications from the pill organizer and mix it with his meal for him to consume. PDA #1 stated, the resident receives morning medications around 1 PM (when the resident awakes for the day) and the evening medications in the late evening/night. The resident sleeps in late daily, until 1 PM and stays up late at night, until approximately 1 or 2 AM. Both PDAs confirmed they are not licensed Nurses. Observations of the pill organizer on in Resident #5's room (PDA #1 assisted with the observation) with the licensed DOW and the Administrator revealed the following. Resident #5's pill organizer was a 7-day organizer split with AM and PM dosage compartments. Further observations of the contents of the organizer	A 051		

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A 051	Continued From page 48 revealed 2 pills for the AM and 7 pills for the PM. The DOW stated, based on review of his last medication list provided by [a family member] she could only identify 2 pills from the medication list and the others look like supplements. She also identified a blue pill of question. After further research it was revealed, the resident is taking an , pill. The DOW stated she was not aware that the resident was taking this medication as it is not listed on the medication list. Review of Resident #5's Health Assessment (AHCA form 1823) dated , revealed the resident requires medication administration and that the family or designee will administer. During a further interview with the DOW on , it was revealed that she was not aware of the unlicensed staff members assisting with the medications from the pill organizer. She also stated she was not sure if the PDAs had the required medication training to be proficient at this task, including the ability to identify potential concerns or possible side effects. The DOW was also asked to identify if any other residents that self-administer their medications were provided medication assistance utilizing a pill organizer by unlicensed staff. She stated she was not sure. However, she provided a list of all residents that self-administer medications and assessments. She stated residents are assessed every 6 months regarding their capability to continue to self-administer. The DOW stated she did not have a medication assessment for Resident #5 because [a family member] does not allow staff to enter the room.	A 051		

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A 051	Continued From page 49 Class III	A 051		
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 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or	A 078		

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A 078	Continued From page 50 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 record review, and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . and evidence of freedom from . . . . . (.) documented annually thereafter, for 11 (Staff CC, DD, M, N, O, G, R, S, Y, Z, AA) of 15 employee records reviewed.	A 078		

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A 078	Continued From page 51 The findings included: In an interview with the Human Resource Director (HRD), Staff G on at 11:20 AM, a request was made for sampled residents personnel records. The HRD stated that she is not responsible for things that happened when she was not an employee. The HRD stated that the Human Resource components (management and maintenance of personnel records) were previously out with a third party company and when the contract ended they took all of the personnel files. Therefore, she was unable to provide the requested files. The HRD stated again, she doesn't have access to the personnel files and that she is working to recreate all the files. he HRD stated that she had only been employed with the facility about 4 weeks. The facility was unable to provide proof of the requested information for the following sampled staff members. 1. On a review of Staff CC's employee file revealed a hire date of as a Wellness Director. Staff CC's file contained no evidence of documentation of a statement from a health care provider that indicated Staff CC was free from signs or symptoms of communicable including . 2. On review of Staff DD's employee file revealed a date of hire of as a Med Tech. Staff DD's file contained no evidence of documentation of a statement from a health care provider that indicated Staff DD was free from signs or symptoms of communicable including .	A 078		

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A 078	Continued From page 52 3. On . . . . . a review of Staff M's employee file revealed with a date of hire of as a Med Tech. Staff M's file contained no evidence of documentation of a statement from a health care provider that indicated Staff M was free from signs or symptoms of communicable including . . . 4. On . . . . . a review of Staff O's employee file revealed a date of hire of as a Med Tech. Staff O's file contained no evidence of documentation of a statement from a health care provider that indicated Staff O was free from signs or symptoms of communicable including . . . 5. On . . . . . a review of Staff G's employee file revealed a date of hire of as a HR Director. Staff G's file contained no evidence of documentation of a statement from a health care provider that indicated Staff G was free from signs or symptoms of communicable including . . . 6. On . . . . . a review of Staff R's employee file revealed a date of hire of as a Med Tech. Staff R's file contained no evidence of documentation of a statement from a health care provider that indicated Staff R was free from signs or symptoms of communicable including . . . 7. On . . . . . a review of Staff S's employee file revealed a date of hire of as a Med Tech. Staff S's file contained no evidence of documentation of a statement from a health care provider that indicated Staff S was free from signs or symptoms of communicable including . . .	A 078		

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	AL11965313	A. BUILDING: _____ B. WING _____	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARLISLE ASSISTED LIVING AND MEMORY CAF	450 EAST OCEAN AVENUE LANTANA, FL 33462

(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 078	Continued From page 53 8. On . . . . . a review of Staff Y's employee file revealed a date of hire of as a Med Tech. Staff Y's file contained no evidence of documentation of a statement from a health care provider that indicated Staff Y was free from signs or symptoms of communicable including . . 9. On . . . . . a review of Staff Z's employee file revealed date of hire of as a Med Tech. Staff Z's file contained no evidence of documentation of a statement from a health care provider that indicated Staff Z was free from signs or symptoms of communicable including . . 10. On . . . . . a review of Staff AA's employee file revealed a date of hire of as a Med Tech. Staff AA's file contained no evidence of documentation of a statement from a health care provider that indicated Staff AA was free from signs or symptoms of communicable . . . . . including . . 11. On . . . . . a review of Staff N's employee file revealed a hire date of as a Med Tech. Staff N's file contained no evidence of documentation of a statement from a health care provider that indicated Staff N was free from signs or symptoms of communicable including . . In an interview with the Human Resource Director (HRD) Staff G on at 11:20 AM a request was made for facility personnel records. The HRD she stated that she is not responsible for things that happened when she was not an employee, she further explained that Human Resources was previously . . . . . out with a third party company and when the contract ended	A 078		

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A 078	Continued From page 54 they took all of the personnel files. In an interview with the Administrator, and Executive Director on at 12:10 PM they were informed that the requested staff records had not been provided and are needed for review. In an interview with the Administrator, and Executive Director on at 3:47 PM the surveyor informed them of previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked this surveyor to request all need items from the two of them instead the HRD. At that time this surveyor requested specific employee files. However, nothing they did not have the requested items to produce. On . . . . . at 4:54 PM, an interview was conducted with the Administrator, Executive Director and the Director of Wellness who acknowledged the findings. Class III	A 078		
A 079	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	A 079		

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A 079	Continued From page 55	A 079		

26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and [illegible]
( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency

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A 079	Continued From page 56 medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.	A 079		

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A 079	Continued From page 57 (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing	A 079		

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A 079	Continued From page 58 requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure adequate staffing was provided to ensure appropriate supervision, care and services were provided to a census of 89 residents that resided in the Assisted Living Facility(ALF). It was also determined that the facility failed to ensure that 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. This directly threatens the physical, emotional health, and safety of all residents at the ALF. The Findings included: A) The following concerns were identified during the survey, that demonstrated the facility does not have adequate staffing to provide the appropriate level of supervision, care, and services and to ensure a safe living environment for all residents residing at the facility. 1} Multiple grievances identified through Resident and Family interviews, conducted during the	A 079		

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A 079	Continued From page 59 survey that commenced on and concluded on , revealed staff are sleeping while on duty. 2) Staff on duty are not responding to the resident call bell system when a resident is requesting assistance. 3) Excessive response delay times exhibited by staff when responding to the resident call bell system. This delay resulted in some residents waiting over 30 minutes for care assistance. 4) Residents identified by the facility as requiring a Level 3 or higher care, not receiving the additional services as identified in their personal Service Care Plans created by the facility. 5) The facility utilizes untrained staff (security guards) to monitor and oversee the call bell system during the 11 PM to 7 AM shift. 6) Confidential staff interviews conducted during the survey revealed they could use additional staff per shift to assist with the care needs per floor. It was revealed the facility (Management Company) reduced staffing hours under the new Management company a couple of months ago. 7) The facility's inability to be proactive regarding the staffing concerns resulted in the staffing concerns becoming more extensive, resulting in a direct threat to the safety and well-being of the 89 residents residing at the facility. B) On at 4:54 PM, an interview was conducted with the Administrator, Executive Director and the Director of Wellness who acknowledged the findings. C) During an interview with the HRD on at 11:35 AM, she was asked how she maintains documentation regarding job specific training for each employee. The HRD stated again, she doesn't have access to the personnel files and that she is working to recreate all the files. The	A 079		

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A 079	Continued From page 60 HRD stated that she had only been employed with the facility for about 4 weeks. In an interview with the Administrator and Executive Director on . . . . . at 12:10 PM, both were informed that the requested staff records had not been provided and were needed for personnel review. The facility was unable to provide the exact hire dates, however, the Business Office Manager confirmed all employees had been working more than 10 days. In an interview with the Administrator, and Executive Director on at 3:47 PM, the surveyor informed them of previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked this surveyor to request all personnel items from the two of them instead of the HRD. At this time, the previously requested records were requested again from the Administrator and Executive Director. However, no additional documents as requested were provided for review. Class II	A 079		
A 080	429.52( ) FS; 59A-36.011(1) FAC Training - Core & Competency Test 429.52 (2) Administrators and other assisted living facility staff must meet minimum training and education requirements established by the agency by rule. This training and education is intended to assist	A 080		

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A 080	Continued From page 61 facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements. (3) The agency, in conjunction with providers, shall develop core training requirements for administrators consisting of core training learning objectives, a competency test, and a minimum required score to indicate successful passage of the core competency test. The required core competency test must cover at least the following topics: (a) State law and rules relating to assisted living facilities. (b) Resident rights and identifying and reporting , neglect, and . (c) Special needs of elderly persons, persons with mental illness, and persons with , and how to meet those needs. (d) Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food. (e) Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication. (f) Firesafety requirements, including fire evacuation drill procedures and other emergency procedures. (g) Care of persons with 's and related . 59A-36.011 (1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST. (a) The assisted living facility core training requirements established by the department pursuant to section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.	A 080		

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A 080	Continued From page 62 (b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to , , , , and managers who attended the core training program prior to , , , , , shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with chapter 468, part II, F.S., are exempt from this requirement. (c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years. (d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must: 1. Retake the assisted living facility core training; and, 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200.00. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by:	A 080		

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A 080	Continued From page 63 Based on record review and interview, the facility failed to ensure that 1 of 2 required employees (Executive Director) completed the Assisted Living Facility Core training and the Core competency test requirements within 90 days of employment. The findings included: During an interview with Staff E on . . . . . at 9:15 AM, he identified himself as the Executive Director. He further stated that he is in charge of the building and oversees residents' concerns and issues. He stated he was hired on . During an interview with the Human Resources Director (HRD) on . . . . . at 10:10 AM, the personnel record for Staff E was requested. The HRD was unable to produce the personnel record. During an interview with the HRD on at 11:35 AM, a request was made for sampled personnel records (including Staff E). The HRD stated that she is not responsible for things that happened when she was not an employee. She further explained that the Human Resources component was previously out with a third-party company and when the contract ended, they took all the personnel files. In an interview with the Administrator, and Executive Director on . . . . . at 12:10 PM, they were informed that the requested staff records (including Staff E) had not been provided and are needed for review. In an interview with the Administrator, and	A 080		

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A 080	Continued From page 64 Executive Director on [redacted] at 3:47 PM, the surveyor informed them of a previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked this surveyor to request all need items from the two of them instead of the HRD. At that time, this surveyor requested specific employee files. However, they did not have the requested items to produce. Class III	A 080		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such	A 081		

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A 081	Continued From page 65 training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:	A 081		

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A 081	Continued From page 66 (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs.	A 081		

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A 081	Continued From page 67 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure that all staff completed the required in-service training for 15 out of 15 sampled staff (Staff BB, CC, DD, K, L, M, N, O, G, R, S, Y, Z, AA). The Findings included: In an interview with the Human Resource Director (HRD), Staff G on [redacted] at 11:20 AM, a request was made for sampled residents personnel records. The HRD stated that she is not responsible for things that happened when she was not an employee. The HRD stated that the Human Resource components (management	A 081		

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A 081	Continued From page 68 and maintenance of personnel records) were previously out with a third party company and when the contract ended they took all of the personnel files. Therefore, she was unable to provide the requested files to review for job related training and in-services. The following was noted. A) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training, for 11 out of 15 sampled staff (Staff CC, DD, M, N, O, G, R, S, Y, Z, AA). B) Staff who provide direct care to residents, must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents for 8 out of 15 sampled staff (Staff DD, L, M, O, S, Y, Z, AA). C) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and resident rights and, recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures for 13 out of 15 sampled staff (Staff BB, CC, DD, G, R, S, Y, Z, AA, K, L, M, O). D) Staff who provide direct care to residents, must receive 3 hours of in-service training within 30 days of employment that covers the following subjects resident behavior and needs and/or providing assistance with the activities of daily	A 081		

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A 081	Continued From page 69 living. (Staff DD, L, M, O, R, S, Y, Z, AA) E) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. Staff K 1. A record review conducted on for Staff CC with a date of hire of as a Director of Wellness. 2. A record review conducted on for Staff BB with a date of hire of as a Home Health Aide. 3. A record review conducted on for Staff DD with a date of hire of as a Med Tech. 4. A record review conducted on for Staff K with a date of hire of /202 as a Server. 5. A record review conducted on for Staff L with a date of hire of as a Med Tech. 6. A record review conducted on for Staff M with a date of hire of as a Med Tech. 7. A record review conducted on for Staff N with a date of hire of as a Med Tech. 8. A record review conducted on for Staff O with a date of hire of as a Med Tech.	A 081		

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A 081	Continued From page 70 9. A record review conducted on for Staff G with a date of hire of as a HR Director. 10. A record review conducted on for Staff R with a date of hire of as a Med Tech. 11. A record review conducted on for Staff S with a date of hire of as a Med Tech. 12. A record review conducted on for Staff Y with a date of hire of as a Med Tech. 13. A record review conducted on for Staff Z with a date of hire of as a Med Tech. 14. A record review conducted on for Staff AA with a date of hire of as a Med Tech. During an interview with the HRD at 11:35 AM, she was asked how she maintains documentation regarding job specific training for each employee. The HRD stated again, she doesn't have access to the personnel files and that she is working to recreate all the files. The HRD stated that she had only been employed with the facility about 4 weeks. In an interview with the Administrator, and Executive Director on at 12:10 PM, both were informed that the requested staff records had not been provided and were needed for personnel review.	A 081		

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A 081	Continued From page 71 The facility was unable to provide the exact hire dates, however, Business Office Manager confirmed all employees had been working more than 10 days. In an interview with the Administrator, and Executive Director on at 3:47 PM, the surveyor informed them of previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked, this surveyor to request all personnel items from the two of them instead of the HRD. At this time, the previously requested records were requested again from the Administrator and Executive Director. However, no additional documents as requested were provided for review. On at 4:54 PM, an interview was conducted with the Administrator, Executive Director and the Director of Wellness who acknowledged the findings. It was also revealed that the new Management team was going to send down a Human Resource Representative to train the HRD and help recreate the personal files. It was revealed by the Executive Director that the facility uses online training modules, and will work on gaining access to print all the training history and certificates. Class II	A 081		
A 082	59A-36.011(4) FAC Training - / (4) . . . . . / . . . . . (. . . / . . .). Pursuant to section	A 082		

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A 082	Continued From page 72 381.0035, 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 record review and interview, it was determined that the facility failed to ensure that 10 of 15 staff reviewed had evidence of . ( )/ , ... ( ) training in their file/or available for review (Staff BB, DD, G, R, S, Y, Z, AA, M, O). The Findings Include: In an interview with the Human Resource Director (HRD), Staff G on at 11:20 AM, a request was made for sampled personnel records. The HRD stated that she is not responsible for things that happened when she was not an employee. She further explained that the Human Resources component was previously out with a third-party company and when the contract ended, they took all of the personnel files. Therefore, the facility was unable to provide documentation indicating the following employees had / training. a. A record review conducted on . . . . . for Staff BB with a date of hire of as a Home Health Aide.	A 082		

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A 082	Continued From page 73 b. A record review conducted on . . . . . for Staff DD with a date of hire of as a Med Tech. c. A record review conducted on . . . . . for Staff M with a date of hire of as a (Medication) Med Tech. d. A record review conducted on . . . . . for Staff O with a date of hire of as a Med Tech. e. A record review conducted on . . . . . for Staff G with a date of hire of as a HR Director. f. A record review conducted on . . . . . for Staff R with a date of hire of as a Med Tech. g. A record review conducted on . . . . . for Staff S with a date of hire of as a Med Tech. h. A record review conducted on . . . . . for Staff Y with a date of hire of as a Med Tech. i. A record review conducted on . . . . . for Staff Z with a date of hire of as a Med Tech. j. A record review conducted on . . . . . for Staff AA with a date of hire of as a Med Tech. In an interview with the Administrator, and Executive Director on at 3:47 PM, this surveyor informed them of previous request to	A 082		

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A 082	Continued From page 74 HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked this surveyor to request all need items from the two of them instead the HRD. At that time, this surveyor requested specific employee files again. However, no 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 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 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	A 084		

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A 084	Continued From page 75 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 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	A 084		

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A 084	Continued From page 76 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, 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	A 084		

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A 084	Continued From page 77 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, observation and interview, it was determined that the facility failed to ensure that all staff that assist residents with their self-administered medications had completed the annual medication training, for 1 out of 13 sampled staff records reviewed (Staff Y). The Findings include: Review of Staff Y's employee file, revealed a hire date of as a Med-Tech. Further review of her file revealed no training on assistance with self-medication administration of medication. In an interview with the Human Resource Director (HRD), Staff G on at 11:20 AM, a request was made for sampled personnel records. The HRD stated that she is not responsible for things that happened when she was not an employee. She further explained that the Human Resources component was previously out with a third-party company and when the contract ended, they took all of the personnel files. In an interview with the Administrator, and Executive Director on at 12:10 PM, they were informed that the requested staff	A 084		

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A 084	Continued From page 78 records had not been provided and are needed for review. In an interview with the Administrator, and Executive Director on [redacted] at 3:47 PM, the surveyor informed them of a previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked this surveyor to request all need items from the two of them instead of the HRD. At that time this surveyor requested specific employee files. However, they did not have the requested items to produce. Class III	A 084		
A 086	59A-36.011(10) FAC Training - ADRD (10) [redacted] 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 [redacted] and [redacted] shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection,	A 086		

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A 086	Continued From page 79 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 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	A 086		

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A 086	Continued From page 80 "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 the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with	A 086		

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	AL11965313	A. BUILDING: _____ B. WING _____	04/12/2024

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A 086	Continued From page 81 . . . . . 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 record review and interview, the facility failed to maintain documentation of 's and . . . . . (ADRD) training, for 10 out of 15 staff sampled (Staff DD, CC, R, S, Y, Z, AA, C, N, O). Findings include: 1. A record review conducted on . . . . . for Staff CC with a date of hire of as a Director of Wellness, did not have . . . . . 's and . training level 1 or level 2 documented in their file. 2. A record review conducted on for Staff DD with a date of hire of . . . . . as a Med Tech, did not have and training level 1 or level 2 documented in their file. 3. A record review conducted on for Staff N with a date of hire of . . . . . as a Med Tech, did not have 's and training level 1 or level 2 documented in their file. 4. A record review conducted on for	A 086		

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A 086	Continued From page 82 Staff O with a date of hire of . . . . as a Med Tech, did not have 's and training level 1 or level 2 documented in their file. 5. A record review conducted on for Staff R with a date of hire of . . . . . as a Med Tech, did not have 's and training level 1 or level 2 documented in their file. 6. A record review conducted on for Staff S with a date of hire of . . . . . as a Med Tech, did not have 's and training level 1 or level 2 documented in their file. 7. A record review conducted on for Staff Y with a date of hire of . . . . . as a Med Tech, did not have 's and training level 1 or level 2 documented in their file. 8. A record review conducted on for Staff Z with a date of hire of . . . . . as a Med Tech, did not have 's and training level 1 or level 2 documented in their file. 9. A record review conducted on for Staff AA with a date of hire of . . . . . as a Med Tech, did not have and training level 1 or level 2 documented in their file. 10. A record review conducted on for Staff C with a date of hire of . . . . . as a Med Tech, did not have 's and training level 1 or level 2 documented in their file.	A 086		

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A 086	Continued From page 83 On . . . . . at 4:54 PM, an interview was conducted with the Administrator, Executive Director and the Director of Wellness who acknowledged the findings. It was also revealed that the new Management team was going to send down a Human Resource Representative to train the HRD and help recreate the personnel l files. It was revealed by the Executive Director that the facility uses online training modules, and will work on gaining access to print all the training history and certificates. During an interview with the HRD at 11:35 AM on , she was asked how she maintains documentation regarding job specific training for each employee. The HRD stated again, she doesn't have access to the personnel files and that she is working to recreate all the files. The HRD stated that she had only been employed with the facility about 4 weeks. In an interview with the Administrator, and Executive Director on . . . . . at 12:10 PM, both were informed that the requested staff records had not been provided and were needed for personnel review. The facility was unable to provide the exact hire dates, however, Business Office Manager confirmed all employees had been working more than 10 days. In an interview with the Administrator, and Executive Director on at 3:47 PM, the surveyor informed them of previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked, this surveyor to request all personnel items from the two of them instead of	A 086		

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A 086	Continued From page 84 the HRD. At this time, the previously requested records were requested again from the Administrator and Executive Director. However, no additional documents as requested were provided for review. Class III	A 086		
A 090	59A-36.011(11) FAC Training - . . . . (11) . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 8 of 15 sampled employees Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (Staff BB, DD, M, O, S, Y, Z, AA) The findings include:	A 090		

Agency for Health Care Administration

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A 090	Continued From page 85 A record review conducted on for Staff BB with a date of hire of as a Home Health Aide. A record review conducted on for Staff DD with a date of hire of as a Med Tech. A record review conducted on for Staff M with a date of hire of as a Med Tech. A record review conducted on for Staff O with a date of hire of as a Med Tech. A record review conducted on for Staff S with a date of hire of as a Med Tech. A record review conducted on for Staff Y with a date of hire of as a Med Tech. A record review conducted on for Staff Z with a date of hire of as a Med Tech. A record review conducted on for Staff AA with a date of hire of as a Med Tech. Found no evidence the employees received training in the facility's policies and procedures regarding 's. In an interview with the Human Resource Director (HRD) Staff G on at 11:20 AM a request was made for facility personnel records.	A 090		

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A 090	Continued From page 86 The HRD she stated that she is not responsible for things that happened when she was not an employee, she further explained that Human Resources was previously out with a third party company and when the contract ended they took all of the personnel files. In an interview with the Administrator, and Executive Director on at 12:10 PM they were informed that the requested staff records had not been provided and are needed for review. In an interview with the Administrator, and Executive Director on at 3:47 PM the surveyor informed them of previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked this surveyor to request all need items from the two of them instead the HRD. At that time this surveyor requested specific employee files. However, nothing they did not have the requested items to produce. Class III	A 090		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.	A 152		

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A 152	Continued From page 87 (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order to maintain a safe and decent living environment. The findings included: a) On at 3:30 PM, an observation was	A 152		

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A 152	Continued From page 88 made of Resident #5's room. The observation revealed the marble window seal to be chipped, the floor molding and interior doors throughout the unit were dated and in need of painting. Observation also revealed the bathroom to have peeling paint along the baseboard and a broken wall tile, and stained carpeting throughout the living room. (Photographic evidence obtained). b) During a tour of the Memory Care Unit (MCU) on [redacted], it was noted the door leading to the East stairwell was unsecured (was not fully closed/locked). Further observations of this area revealed an exit/entrance door leading to the parking lot of the facility was left partially open, preventing the door from locking at the main door frame, thus allowing unabated entrance and exit by staff and potentially others. It was also noted that there were approximately 4 large new Central Air Conditioning (AC) Units sitting on the ground outside of the MCU. In an interview with the MCU Directory on at 2:38 PM, she stated they were new AC units being stored in this location until they were installed. She also stated that the doors that were observed to be open are used by staff to leave and go on break. She was asked if this was acceptable considering this door is located in the secured unit (MCU) and could allow a resident to elope. She did not provide a response. In an interview with the Administrator and Director of Wellness (DOW) on at 3:00 PM, they were informed of the door in the stairwell being left open in the MCU. The Administrator and DOW both stated staff should only enter and exit through the main doors located in the main lobby of the ALF. The Administrator and Director of Wellness stated that both doors (the door	A 152		

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A 152	Continued From page 89 leading to the stairwell and the door in the stairwell) should remain locked. During a confidential interview on at approximately 1:10 PM, it was revealed that the MCU door in the stairwell has been registering as continuously open on the main call bell system. It was revealed that staff use this door constantly to enter and exit the building. c) On observations were made of 2 large commercial dumpsters located in the parking lot (North side) of the facility. On at 4:55 PM and at 7:45 PM, observation revealed large amounts of trash overflowing onto the ground (parking lot/facility grounds) located in the rear of the ALF building and the Independent Living building. The Administrator stated in an interview on at 10 AM, during the observations, that the trash is collected throughout the grounds and dumped in these dumpsters, which includes trash from the designated trash chutes areas on each floor. And that trash is monitored and collected by the housekeeping staff and the Maintenance Director. d) During a tour of the facility with Maintenance Director (Staff GG) on , at 1:45 PM observation was made of the laundry, and trash rooms located on the 2nd, 3rd, 4th, 5th, and 6th floor. Observation revealed a trash chute inside each of the trash rooms, which ran vertically to each floor on the Northwest section of the Assisted Living. Observation also revealed broken cinderblock located directly above the trash chute on the 2nd floor wall. Throughout the survey several bags of trash piled in front of the garbage chute. In an interview with the Maintenance Director	A 152		

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A 152	Continued From page 90 (Staff GG), on . . . . . at 1:45 PM, he stated residents bring trash to the room to place in the chute. In the event a resident cannot reach the chute, they will place the garbage on the floor, and it will pile up. He further stated that it is his responsibility to keep the area free of garbage. This surveyor made a request for their pickup schedule, and he stated his guys grab it as they go around. No additional information was provided. He further stated during the interview, that the large dumpster located on the facility grounds that were observed to be overflowing with debris, was scheduled to be picked up. However, the debris was observed as still at the location at the time of the survey. No additional information was provided during the survey. e) In an interview with the Maintenance Director (Staff GG) on . . . . . at 3:00 PM, the work orders for Resident #5's room were requested. Staff G provided this surveyor with approximately 200 work order requests. A review of the work orders revealed they had no dates, and Staff GG was unable to show dates for the work order requests, or dates for which the items contained in the work orders were completed. The review of the work orders also revealed that they do not reflect the corrective action taken, or the actual repairs made to correct the problem or completion date. During the interview with the Maintenance Director on . . . . . at 3:09 PM, he stated that all the work order requests were indicated as completed. However, he stated he could not verify the dates and times when any of the facilities work orders/requests were received or completed.	A 152		

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A 152	Continued From page 91 Class III	A 152		
A 167	59A-36.018 FAC; 429.24 FS Resident Contracts 59A-36.018 Resident Contracts. (1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or [illegible] of residents, other than those specified in section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or [illegible] facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such	A 167		

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A 167	Continued From page 92 written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule; (l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and, (m) The facility's policies and procedures related	A 167		

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A 167	Continued From page 93 to a properly executed DH Form 1896, (2) The resident, or the resident's representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative. 429.24 FS (1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration. (2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the	A 167		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CARLISLE ASSISTED LIVING AND MEMORY CAF	450 EAST OCEAN AVENUE LANTANA, FL 33462

(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 167	Continued From page 94 rights, duties, and [illegible] of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period: (a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident. (b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits. (3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or [illegible] (b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or [illegible] facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility.	A 167		

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A 167	Continued From page 95 Until such notice is received, the agreed-upon daily rate may be charged by the licensee. (c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract. (4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility. (5) Neither the contract nor any provision thereof relieves any licensee of any requirement or [illegible] imposed upon it by this part or rules adopted under this part. (6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055. (7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's [illegible] or relocation due to [illegible] hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like	A 167		

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A 167	Continued From page 96 residential units. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide a Resident or guardian 30 days written notice prior to a rate increase for 1 of 1 (#33) Residents sampled. The Findings Includes: On /20245 at 12:10PM, interview with Resident #33's power of attorney (POA) it was revealed that the facility without notification increased the monthly charge for Resident #33 from $6,600 to $7,094 as documented on the , facility monthly statement. A further document review revealed a base monthly rent of $6,454.00 and the level of care charges of $640. The Power of Attorney (POA) of Resident #33 stated she was never provided with a notice from the facility indicating a change in the Residents level of care or associated charges. The POA further states that on an unknown date she was verbally informed by the Administrator that the increase was based on her father's level of care. Document review of Resident #33's facility file and Resident assessment documents revealed he was admitted into the facility on as a level I care services fee of $540. per month as documented on the facilities rent roll. Document review of Resident #33's contract with facility states on page 6 under the heading of Level of Care Fee that the level of care fee for Resident #33 at the time of contract was $450 per month. This fee can be adjusted upon 30-day 'written notice if the community or physician determines at any time you require a different level of care.	A 167		

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A 167	Continued From page 97 Document review revealed Resident #33's facility consolidated assessment dated . . . . . indicated Resident #33 is a Level I care services with a monthly fee of $450. However, the Resident was charged $540. Document review revealed Resident #33's facility consolidated assessment on file dated indicating Resident #33 is a Level II care services with a monthly fee of $540. However, Resident #33 is being charged $640. Document review revealed Resident #33's chart contained no documentation of a monthly service fee increase or level of care fee increase or a documentation of a 30-day notification of rate increase. A document review revealed the facility rent roll dated . . . . . compared to facility rent roll dated for the Residents in the Assisted Living showed an increase in the Residents monthly accommodation rate for 45 of 50 Residents. In an interview on at 7:15pm with the Administrator, revealed that Resident #33 did receive a monthly service fee increase, not an increase in the Residents level of care fee. This surveyor requested documentation of 30-day notification to Residents responsible party of rate increase. The Administrator provided a letter dated informing the Resident of an annual rent increase. The letter states that there will be a base monthly rate increase and level of care charges effective . . . . . with a summary of charges of a base monthly rent: $6,454. Level of care charges: $640. This surveyor requested documentation of changes to	A 167		

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A 167	Continued From page 98 the Residents level of care status reflecting an increased fee from Level I care to Level II care. At the time of the survey, no additional documentation was provided. Class III	A 167		

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CZ813	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090 Background Screening. (3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to maintain the eligibility results of employee screening and the signed Attestation, within the employee's personnel file, for 43 out of 148 employees (Staff I, L, M, S, Y, CC, BBB - LLLL). The findings included: On , the active employee roster provided by the Business Manager was reviewed and compared to the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster. The employee roster revealed the facility currently has 148 staff members. In an interview with the Human Resource Director (HRD), Staff G on at 11:20 AM, a request was made for sampled residents personnel records. The HRD stated that she is not responsible for things that happened when she was not an employee. The HRD stated that the Human Resource components (management and maintenance of personnel records) were previously . . . . . out with a third party company and when the contract ended they took all of the personnel files. Therefore, she was unable to provide the requested files.	CZ813		

AHCA Form 3020-0001

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

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CZ813	Continued From page 1 In addition to the requested files, the HRD was asked to provide proof that the facility has maintained the background screening notifications, Level II eligibility results and the signed Attestations within personnel files for all 148 staff members. The HRD stated again, she doesn't have access to the personnel files and that she is working to recreate all the files. The HRD stated that she had only been employed with the facility about 4 weeks. The facility was unable to provide proof of the requested information for the following sampled staff members. 1. Staff I who was hired as the Director of Memory Care, and who is still currently employed by the facility. 2. Staff L who was hired as a Medication (Med) Tech, and who is still currently employed by the facility. 3. Staff M who was hired as a "DIRSMT", and who is still currently employed by the facility. 4. Staff S who was hired as a Med Tech, and who is still currently employed by the facility. 5. Staff Y who was hired as a Med Tech, and who is still currently employed by the facility. 6. Staff CC who was hired as a Server, and who is still currently employed by the facility. 7. Staff BBB who was hired as a "DRLFSP", and who is still currently employed by the facility. 8. Staff CCC who was hired as a Care Associate I, and who is still currently employed by	CZ813		

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CZ813	Continued From page 2 the facility. 9. Staff DDD who was hired as a Cook, and who is still currently employed by the facility. 10. Staff EEE who was hired as a Concierge, and who is still currently employed by the facility. 11. Staff FFF who was hired as a Care Associate I, and who is still currently employed by the facility. 12. Staff GGG who was hired as a Med Tech, and who is still currently employed by the facility. 13. Staff HHH who was hired as a "LS Assistant", and who is still currently employed by the facility. 14. Staff III who was hired with a title of Utility, and who is still currently employed by the facility. 15. Staff JJJ who was hired as a "LS Assistant, and who is still currently employed by the facility. 16. Staff KKK who was hired as a Concierge, and who is still currently employed by the facility. 17. Staff LLL who was hired as a Cook, and who is still currently employed by the facility. 18. Staff MMM who was hired with a title of Utility, and who is still currently employed by the facility. 19. Staff NNN who was hired as a Care Assistant, and who is still currently employed by the facility. 20. Staff OOO who was hired as a Cook, and who is still currently employed by the facility.	CZ813		

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CZ813	Continued From page 3 21. Staff PPP who was hired as a MC Coordinator, and who is still currently employed by the facility. 22. Staff QQQ who was hired as a Lead Server, and who is still currently employed by the facility. 23. Staff RRR who was hired as a Server, and who is still currently employed by the facility. 24. Staff SSS who was hired as a Cook, and who is still currently employed by the facility. 25. Staff TTT who was hired as a Care Coordinator II, and who is still currently employed by the facility. 26. Staff UUU who was hired as a Server, and who is still currently employed by the facility. 27. Staff VVV who was hired as a Concierge, and who is still currently employed by the facility. 28. Staff WWW who was hired as a Server, and who is still currently employed by the facility. 29. Staff XXX who was hired as a Director, and who is still currently employed by the facility. 30. Staff YYY who was hired as Wellness Staff, and who is still currently employed by the facility. 31. Staff ZZZ who was hired as a Care Coordinator I, and who is still currently employed by the facility. 32. Staff AAAA who was hired as a Director, and who is still currently employed by the facility. 33. Staff BBBB who was hired as a Care	CZ813		

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CZ813	Continued From page 4 Coordinator, and who is still currently employed by the facility. 34. Staff CCCC who was hired as a Concierge, and who is still currently employed by the facility. 35. Staff DDDD who was hired as a Housekeeper, and who is still currently employed by the facility. 36. Staff EEEE who was hired as a Cook, and who is still currently employed by the facility. 37. Staff FFFF who was hired with the title of Utility, and who is still currently employed by the facility. 38. Staff GGGG who was hired as a Med Tech, and who is still currently employed by the facility. 39. Staff HHHH who was hired as a Care Coordinator I, and who is still currently employed by the facility. 40. Staff IIII who was hired as a Cook, and who is still currently employed by the facility. 41. Staff JJJJ who was hired as a Security Guard with a third party company, and who is still currently by the facility. 42. Staff KKK who was hired as a Security Guard with a third party company, and who is still currently by the facility. 43. Staff LLLL who was hired as a Security Guard with a third party company, and who is still currently by the facility. The facility was unable to provide the exact hire	CZ813		

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CZ813	Continued From page 5 dates, however, the Business Office Manager confirmed all employees had been working more than 10 days. In an interview with the Administrator, and Executive Director on [redacted] at 12:10 PM, both were informed that the requested staff records had not been provided and were needed for personnel review. In an interview with the Administrator, and Executive Director on [redacted] at 3:47 PM, the surveyor informed them of previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked, this surveyor to request all personnel items from the two of them instead of the HRD. At this time, the previously requested records were requested again from the Administrator and Executive Director. However, no additional documents as requested were provided for review. Unclassified	CZ813		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [redacted] 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	CZ814		

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CZ814	Continued From page 6	CZ814		

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.
(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;

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CZ814	Continued From page 7 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 record review, and interview, it was determined that the facility failed to maintain the employment status within the Background Screening Clearinghouse for newly hired staff within 10 days of employment for 48 out of 148 currently employed staff (Staff I, L, M, S, Y, CC, BBB - QQQQ). It was also determined that the facility failed to maintain the termination status of 18 out of 95 former staff members employed by the facility (Staff JJ, KK, LL, MM, NN, OO, PP, QQ, RR, SS, TT, UU, VV, WW, XX, YY, ZZ, AAA). The findings included: A) Review of the Termination Report the facility provided on at 04:02 PM. The Termination report was compared to the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster. The following terminated employees were listed with no end dates on the Clearinghouse Roster. 1. The Roster revealed that the facility had not entered an end date of employment for Staff JJ who had a date of termination of . . . . . as a Sales and Marketing Director, who is not employed by the facility. 2. The Roster revealed that the facility had not entered an end date of employment for Staff KK	CZ814		

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CZ814	Continued From page 8 who had a date of termination of . . . . as a Culinary Service Director, who is not employed by the facility. 3. The Roster revealed that the facility had not entered an end date of employment for Staff LL who had a date of termination of . . . . . as a Server, who is not employed by the facility. 4. The Roster revealed that the facility had not entered an end date of employment for Staff MM who had a date of termination of . as a Care Associate II, who is not employed by the facility. 5. The Roster revealed that the facility had not entered an end date of employment for Staff NN who had a date of termination of as a Care Associate I, who is not employed by the facility. 6. The Roster revealed that the facility had not entered an end date of employment for Staff OO who had a date of termination of as a Cook, who is not employed by the facility. 7. The Roster revealed that the facility had not entered an end date of employment for Staff PP who had a date of termination of . . . . . as a Care Associate I, who is not employed by the facility. 8. The Roster revealed that the facility had not entered an end date of employment for Staff QQ who had a date of termination of . . . . . as a Wellness staff, who is not employed by the facility. 9. The Roster revealed that the facility had not entered an end date of employment for Staff RR	CZ814		

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CZ814	Continued From page 9 who had a date of termination of [redacted] as a Medication (Med) Tech, who is not employed by the facility. 10. The Roster revealed that the facility had not entered an end date of employment for Staff SS who had a date of termination of [redacted] as a Care Associate I, who is not employed by the facility. 11. The Roster revealed that the facility had not entered an end date of employment for Staff TT who had a date of termination of [redacted] as a Business Office Director, who is not employed by the facility. 12. The Roster revealed that the facility had not entered an end date of employment for Staff UU who had a date of termination of [redacted] as a Care Associate II, who is not employed by the facility. 13. The Roster revealed that the facility had not entered an end date of employment for Staff VV who had a date of termination of [redacted] as a Move in Coordinator, who is not employed by the facility. 14. The Roster revealed that the facility had not entered an end date of employment for Staff WW who had a date of termination of [redacted] as a Wellness Nurse, who is not employed by the facility. 15. The Roster revealed that the facility had not entered an end date of employment for Staff XX who had a date of termination of [redacted] as a Med Tech, who is not employed by the facility. 16. The Roster revealed that the facility had not	CZ814		

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CZ814	Continued From page 10 entered an end date of employment for Staff YY who had a date of termination of as a Case Associate I, who is not employed by the facility. 17. The Roster revealed that the facility had not entered an end date of employment for Staff ZZ who had a date of termination of as a Server, who is not employed by the facility. 18. The Roster revealed that the facility had not entered an end date of employment for Staff AAA who had a date of termination of as a Lead Server, who is not employed by the facility. B) On the active employee roster was compared to the AHCA Background Screening Clearinghouse Roster. The Roster revealed that the facility failed to enter/register all active employees from their Employee List Report dated provided at 12:12 PM. 1. Staff I who was hired as the Director of Memory Care, and who is currently employed by the facility. 2. Staff L who was hired as a Med Tech, and who is currently employed by the facility. 3. Staff M who was hired as a DIRSMT, and who is currently employed by the facility. 4. Staff S who was hired as a Med Tech, and who is currently employed by the facility. 5. Staff Y who was hired as a Med Tech, and who is currently employed by the facility. 6. Staff CC who was hired as a Server, and who is currently employed by the facility.	CZ814		

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CZ814	Continued From page 11 7. Staff BBB who was hired as a DRLFSP, and who is currently employed by the facility. 8. Staff CCC who was hired as a Care Associate I, and who is currently employed by the facility. 9. Staff DDD who was hired as a Cook, and who is currently employed by the facility. 10. Staff EEE who was hired as a Concierge, and who is currently employed by the facility. 11. Staff FFF who was hired as a Care Associate I, and who is currently employed by the facility. 12. Staff GGG who was hired as a Med Tech, and who is currently employed by the facility. 13. Staff HHH who was hired as a LS Assistant, and who is currently employed by the facility. 14. Staff III who was hired with a title of Utility, and who is currently employed by the facility. 15. Staff JJJ who was hired as a LS Assistant, and who is currently employed by the facility. 16. Staff KKK who was hired as a Concierge, and who is currently employed by the facility. 17. Staff LLL who was hired as a Cook, and who is currently employed by the facility. 18. Staff MMM who was hired with a title of Utility, and who is currently employed by the facility. 19. Staff NNN who was hired as a Care Assistant, and who is currently employed by the	CZ814		

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CZ814	Continued From page 12 facility. 20. Staff OOO who was hired as a Cook, and who is currently employed by the facility. 21. Staff PPP who was hired as a MC Coordinator, and who is currently employed by the facility. 22. Staff QQQ who was hired as a Lead Server, and who is currently employed by the facility. 23. Staff RRR who was hired as a Server, and who is currently employed by the facility. 24. Staff SSS who was hired as a Cook, and who is currently employed by the facility. 25. Staff TTT who was hired as a Care Coordinator II, and who is currently employed by the facility. 26. Staff UUU who was hired as a Server, and who is currently employed by the facility. 27. Staff VVV who was hired as a Concierge, and who is currently employed by the facility. 28. Staff WWW who was hired as a Server, and who is currently employed by the facility. 29. Staff XXX who was hired as a Director, and who is currently employed by the facility. 30. Staff YYY who was hired as Wellness Staff, and who is currently employed by the facility. 31. Staff ZZZ who was hired as a Care Coordinator I, and who is currently employed by the facility.	CZ814		

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CZ814	Continued From page 13 32. Staff AAAA who was hired as a Director, and who is currently employed by the facility. 33. Staff BBBB who was hired as a Care Coordinator, and who is currently employed by the facility. 34. Staff CCCC who was hired as a Concierge, and who is currently employed by the facility. 35. Staff DDDD who was hired as a Housekeeper, and who is currently employed by the facility. 36. Staff EEEE who was hired as a Cook, and who is currently employed by the facility. 37. Staff FFFF who was hired with the title of Utility, and who is currently employed by the facility. 38. Staff GGGG who was hired as a Med Tech, and who is currently employed by the facility. 39. Staff HHHH who was hired as a Care Coordinator I, and who is currently employed by the facility. 40. Staff IIII who was hired as a Cook, and who is currently employed by the facility. 41. Staff JJJJ who was hired as a Security Guard with a third party company, and who is currently . . . . . by the facility. 42. Staff KKK who was hired as a Security Guard with a third party company, and who is currently . . . . . by the facility.	CZ814		

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CZ814	Continued From page 14 43. Staff LLLL who was hired as a Security Guard with a third party company, and who is currently [redacted] by the facility. 44. Staff MMMM who was hired as a Driver, who is still currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. 45. Staff NNNN who was hired with a title of Utility, who is currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. 46. Staff OOOO who was hired as a Care Coordinator I, who is still currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. 47. Staff PPPP who was hired with a title of Wellness, who is still currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. 48. Staff QQQ who was hired as a LS Assistant who is still currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. In an interview with the Human Resource Director (HRD), Staff G on [redacted] at 11:20 AM, a request was made for sampled personnel records. The HRD stated that she is not responsible for things that happened when she was not an employee. She further explained that the Human Resources component had been previously [redacted] out with a third-party company and when the contract ended, they took all of the personnel files.	CZ814		

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CZ814	Continued From page 15 In an interview with the Administrator, and Executive Director on at 3:47 PM, this surveyor informed them of the previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked this surveyor to request all needed items from the two of them instead of the HRD. At that time, this surveyor requested specific employee files again. However, no documentation was provided. Unclassified	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by	CZ815		

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CZ815	Continued From page 16 authorizing statutes, [illegible] with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or [illegible] with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All [illegible] must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an [illegible] awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence.	CZ815		

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CZ815	Continued From page 17 (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a [redacted] adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.	CZ815		

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CZ815	Continued From page 18 (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.	CZ815		

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CZ815	Continued From page 19 (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining [illegible] pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from	CZ815		

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CZ815	Continued From page 20	CZ815		

disqualification. The only basis for contesting the disqualification is proof of mistaken identity.
(2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct

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CZ815	Continued From page 21 contact with [redacted] persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including [redacted] if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or [redacted] for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was [redacted], regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to ensure that all employees met the Level II screening requirements, for 48 out 148 Staff (Staff I, L, M, S, Y, CC, BBB, CCC, DDD, EEE, FFF, GGG, HHH, III, JJJ, KKK, LLL, MMM, NNN, OOO, PPP, QQQ, RRR, SSS, TTT, UUU, VVV, WWW, XXX, YYY, ZZZ, AAAA, BBBB, CCCC, DDDD, EEEE, FFFF, GGGG, HHHH, IIII, JJJJ, KKKK, LLLL, MMMM, NNNN, OOOO, PPPP, QQQQ).	CZ815		

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	AL11965313	A. BUILDING: _____ B. WING _____	04/12/2024

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CZ815	Continued From page 22 The findings included: On . . . . . the active employee roster was compared to the Agency for Health Care Administration (AHCA) Background Screening Clearinghouse Roster. The Roster revealed that the facility failed to enter all active employees from the Employee List Report dated at 12:12 PM. 1. Staff I who was hired as the Director of Memory Care, and who is currently employed by the facility. 2. Staff L who was hired as a Medication (Med) Tech, and who is currently employed by the facility. 3. Staff M who was hired as a DIRSMT, and who is currently employed by the facility. 4. Staff S who was hired as a Med Tech, and who is currently employed by the facility. 5. Staff Y who was hired as a Med Tech, and who is currently employed by the facility. 6. Staff CC who was hired as a Server, and who is currently employed by the facility. 7. Staff BBB who was hired as a DRLFSP, and who is currently employed by the facility. 8. Staff CCC who was hired as a Care Associate I, and who is currently employed by the facility. 9. Staff DDD who was hired as a Cook, and who is currently employed by the facility.	CZ815		

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CZ815	Continued From page 23 10. Staff EEE who was hired as a Concierge, and who is currently employed by the facility. 11. Staff FFF who was hired as a Care Associate I, and who is currently employed by the facility. 12. Staff GGG who was hired as a Med Tech, and who is currently employed by the facility. 13. Staff HHH who was hired as a LS Assistant, and who is currently employed by the facility. 14. Staff III who was hired with a title of Utility, and who is currently employed by the facility. 15. Staff JJJ who was hired as a LS Assistant, and who is currently employed by the facility. 16. Staff KKK who was hired as a Concierge, and who is currently employed by the facility. 17. Staff LLL who was hired as a Cook, and who is currently employed by the facility. 18. Staff MMM who was hired with a title of Utility, and who is currently employed by the facility. 19. Staff NNN who was hired as a Care Assistant, and who is currently employed by the facility. 20. Staff OOO who was hired as a Cook, and who is currently employed by the facility. 21. Staff PPP who was hired as a MC Coordinator, and who is currently employed by the facility. 22. Staff QQQ who was hired as a Lead Server, and who is currently employed by the facility.	CZ815		

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CZ815	Continued From page 24 23. Staff RRR who was hired as a Server, and who is currently employed by the facility. 24. Staff SSS who was hired as a Cook, and who is currently employed by the facility. 25. Staff TTT who was hired as a Care Coordinator II, and who is currently employed by the facility. 26. Staff UUU who was hired as a Server, and who is currently employed by the facility. 27. Staff VVV who was hired as a Concierge, and who is currently employed by the facility. 28. Staff WWW who was hired as a Server, and who is currently employed by the facility. 29. Staff XXX who was hired as a Director, and who is currently employed by the facility. 30. Staff YYY who was hired as Wellness Staff, and who is currently employed by the facility. 31. Staff ZZZ who was hired as a Care Coordinator I, and who is currently employed by the facility. 32. Staff AAAA who was hired as a Director, and who is currently employed by the facility. 33. Staff BBBB who was hired as a Care Coordinator, and who is currently employed by the facility. 34. Staff CCCC who was hired as a Concierge, and who is currently employed by the facility.	CZ815		

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CZ815	Continued From page 25 35. Staff DDDD who was hired as a Housekeeper, and who is currently employed by the facility. 36. Staff EEEE who was hired as a Cook, and who is currently employed by the facility. 37. Staff FFFF who was hired with the title of Utility, and who is currently employed by the facility. 38. Staff GGGG who was hired as a Med Tech, and who is currently employed by the facility. 39. Staff HHHH who was hired as a Care Coordinator I, and who is currently employed by the facility. 40. Staff IIII who was hired as a Cook, and who is currently employed by the facility. 41. Staff JJJJ who was hired as a Security Guard with a third party company, and who is currently by the facility. 42. Staff KKK who was hired as a Security Guard with a third party company, and who is currently by the facility. 43. Staff LLLL who was hired as a Security Guard with a third party company, and who is currently by the facility. 44. Staff MMMM who was hired as a Driver, who is currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. 45. Staff NNNN who was hired with a title of Utility, who is currently employed by the facility	CZ815		

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CZ815	Continued From page 26 however has a end date listed on the Background Screening Clearinghouse Roster. 46. Staff OOOO who was hired as a Care Coordinator I, who is currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. 47. Staff PPPP who was hired with a title of Wellness, who is currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. 48. Staff QQQ who was hired as a LS Assistant who is currently employed by the facility however has a end date listed on the Background Screening Clearinghouse Roster. In an interview with the Human Resource Director (HRD), Staff G on . . . . . at 11:20 AM, a request was made for sampled residents personnel records. The HRD stated that she is not responsible for things that happened when she was not an employee. The HRD stated that the Human Resource components (management and maintenance of personnel records) were previously out with a third party company and when the contract ended they took all of the personnel files. Therefore, she was unable to provide the requested files. In an interview with the Administrator, and Executive Director on at 12:10 PM, both were informed that the requested staff records had not been provided and were needed for personnel review. In an interview with the Administrator, and Executive Director on . at 3:47 PM,	CZ815		

Agency for Health Care Administration

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CZ815	Continued From page 27 the surveyor informed them of previous request to HRD for personnel records selected for review. It was further explained that the records were not provided. The Administrator and Executive Director asked, this surveyor to request all personnel items from the two of them instead of the HRD. At this time, the previously requested records were requested again from the Administrator and Executive Director. However, no additional documents as requested were provided for review. Unclassified	CZ815		