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
	AL11970098	A. BUILDING: _____ B. WING _____	04/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF NARCOOSSEE	2910 N NARCOOSSEE RD SAINT CLOUD, FL 34771

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CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit its Comprehensive Emergency Management Plan (CEMP) annually for review. Findings: On ..... requested documentation of the last CEMP approval or documentation of annual submission of the CEMP. At 5pm the Resident Service Director confirmed he could not provide an approval letter or documentation of its annual submission. Unclassified	CZ830		
A 000	Initial Comments A complaint investigation (#2024005456) was conducted at Benton House of Narcoossee on . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification	A 025		

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A 025	Continued From page 3 must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (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	A 025		

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A 025	Continued From page 4 resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to provide adequate supervision to prevent 1 of 1 sampled resident (#7) from choking 1 of 5 sampled residents (#4), failed to document the choking incident and failed to notify the responsible party, and failed to notify the responsible party and health care provider when 1 of 1 sampled resident had a change in condition (#6.) Findings: 1. A review of resident #7's record revealed a facility admission date of . The resident's medical history included , , and expressive language . The resident was independent with ambulation and resided in the secured memory care unit. A facility note indicated the resident was seen by a nurse practitioner and was prescribed , , for aggression. A facility note indicated the resident almost got into a fist fight with another resident. Staff intervened and separated the two. A facility note indicated the resident hit one staff member and attempted to hit another. Neither staff was injured. The resident was	A 025		

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A 025	Continued From page 5 redirected to activities. A facility note indicated a provider advised increasing the resident's The resident's family declined. A facility note indicated the resident became aggressive towards other residents after his family member left the facility. No injuries were noted. On at 12:02 pm nurse C documented the resident put his around another resident's (resident #4) for no apparent reason. A facility note indicated the resident became agitated and lunged at a visitor. A staff member stepped between the resident and the visitor. A facility note indicated the resident became very agitated. He pounded on a table, yelled at other residents, and pushed staff and other residents. A facility note indicated the resident walked by another resident, grabbed the resident's arm, and squeezed it for no reason. Resident #7 had a small mark on his right arm. The two were separated and redirected to activities. On at 9:50 am, resident #1 said that a couple of weeks ago at 5:30 am a man entered her room. He just stood there and looked at her. He did not say anything. He did not harm her. He walked away on his own. Resident #1 said this same man was a menace to everyone. He walked after people. He always tried to get out of the door. Resident #1 said she'd previously seen	A 025		

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A 025	Continued From page 6 him try to strangle a woman. Resident #1 was sitting at a dining room table when she saw the man suddenly get up, grab the woman by her and shake her. She said staff reacted quickly and got the man away from the woman. On at 10:15 am, resident #4 was seen sitting in a chair in the outside courtyard. She was pleasantly . She did not recall anyone choking her. Her words were jumbled, and she did not stay on topic. No injuries were seen on her . On at 10:20 am, resident #7 was seen around the unit. He approached the Agency for Healthcare Administration (AHCA) representative and was pleasantly . He was not seen being aggressive towards others. He was not being directly supervised by staff. On at 1:38 pm, nurse C, who documented the choking incident, said she did not remember the resident's name who resident #7 choked. She did not remember if the person was male or female. She did recall the resident choked and was not injured. She said resident #7 tended to get agitated every now and then for no apparent reason. She said anything triggered him. She said he was a bomb about to go off. She said other times he was nice as could be. She said staff redirected him when he was agitated or when he's seen walking towards anyone. She said he did not have 1 on 1 supervision nor had he ever. She said he's more agitated during the evening hours. She believed there was enough staff to adequately supervise the residents. She said she received training on the facility's resident policy. On at 1:55 pm, the resident's Advanced	A 025		

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A 025	Continued From page 7 Practice Registered Nurse (APRN) confirmed the resident choked by resident #7 was resident #4 and that resident #4 did not suffer injuries as a result. The APRN said resident #7 had aggressive episodes of hitting residents and staff. She said the resident had good and bad days. She said his behavior led to her increasing his , to three times a day. On at 2:05 pm, caregiver A said sometimes resident #7 was easy to deal with and sometimes not. On at 2:06 pm, caregiver E said resident #7 had always been nice to her. She believed there was enough staff to adequately supervise the residents. On at 4:03 pm, the resident services director said resident #7 was issued a 45-day discharge notice due to his behaviors (notice was issued on .) He then said that after the notice was issued the facility agreed to see how the resident behaved over a two-week period and if no further incidents occurred, the notice would be rescinded. The director said the resident's family member was asked to refrain from taking the resident out as often as they were and to stay with the resident for a while when they returned him to the facility. Medication changes were made. The director said those were the only two measures taken by the facility to protect the other residents. The director believed the resident did not put his around resident #4's but rather gave her a hug. 2. A review of resident #4's record revealed a facility admission date of . The resident's medical history included mild and , with aphasia.	A 025		

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A 025	Continued From page 8 There was no documentation in the record of the incident involving her and resident #7, including notification to the responsible party. On at 2:59 pm, a message was left for the responsible party. A call was not received. 3. A review of resident #6's record revealed a facility admission date of . The resident's medical history included 's . The resident resided in the facility's memory care unit. On at 8 pm nurse I documented staff reported the resident was from her private area. The nurse instructed the staff to save the resident's diaper. The nurse's assessment found the to be bright red in color and coming from the resident's area and not her . Nurse, I documented the resident's name was put on the doctor's list to see the resident during his next visit. The note did not indicate the resident's responsible party was notified. On nurse H documented on a fax cover sheet, addressed to the resident's doctor, that the resident was from the area, not the and the cause of the was unknown. The sheet was marked as an urgent notification. There was no documentation in the residents' record to indicate the fax was successfully delivered and no documentation of a call being made to the doctor. On at 1 pm, the resident's family member said he was not notified of the and just learned about it from the AHCA representative.	A 025		

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A 025	Continued From page 9 The family member said the resident never had ˘ like that in the past. On at 1:07 pm, a message was left for the resident's doctor. A call . . . . was not received. On at 1:11 pm, a message was left for nurse I. A call . . . was not received. On . . . . . at 1:50 pm, the resident's family member came to the facility. The family member said they asked staff during their visit about the ˘ and was told the resident was seen by her doctor, who diagnosed . . . . . There was no documentation in the resident's record of being seen by the doctor for this issue. On . . . . at 2:41 pm, a message was left for nurse H. A call . . was not received. On at 3:59 pm, the resident services director did recall being told about the . . . . ˘. He told the reporting caregiver to tell nurse H. The director said he did not see the . . . . ˘ himself. He said doctor notification generally consisted of the nurse sending a fax. He said the resident's doctor generally visited the facility every 14 to 21 days. He said the nurses generally notified the family of changes in condition. He said he would see if there was a note available to show the resident was seen by her doctor. He did not provide additional documentation. Class III	A 025		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		

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A 030	Continued From page 10 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, 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;	A 030		

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A 030	Continued From page 11 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 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 030		

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A 030	Continued From page 12 (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 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	A 030		

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A 030	Continued From page 13 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 . , , ... , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . , ... , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other	A 030		

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	AL11970098	A. BUILDING: _____ B. WING _____	04/29/2024

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A 030	Continued From page 14 person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, [illegible], and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free 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 [illegible] Hotline operated by the Department of Children and Families, and, if applicable, [illegible], Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], Rights Florida. 429.27 Property and personal affairs of residents.-	A 030		

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A 030	Continued From page 15 (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 reviews and interviews, the facility failed to have documentation to indicate it followed its grievance policy and addressed food complaints. Findings: On . . . . . at 9:50 am, resident #1 said the food was warm when served then quickly cooled. She said the staff would microwave it if she asked. A review of resident council meeting minutes revealed the following regarding food: - food served . . . . . . - salty food - food quality needs to improve, salty food, cleanliness on glasses needs to improve. - food needs to be warmer, cups have	A 030		

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A 030	Continued From page 16 stains. There was no documented follow-up and resolution to the complaints. On at 1:09pm, the dietary manager said the food committee meeting notes were in the administrator's office and she did not have access to them. She said the meeting was held monthly. She said either she or the administrator sometimes took notes. She said the notes were not kept in a binder. She said she only reviewed the complaints with the staff and did not keep any follow-up documentation. She said the complaints regarding food had been an issue for some time. She said the food was not taken or delivered immediately to the residents. She said she told the staff to take the food when it was ready. She said the staff pull a try then stop and get other trays so by the time it gets to the residents it's not hot. On at 3:08 pm, a request was made of the administrative assistant to provide documentation of follow-up to the resident's food complaints. On at 3:20 pm, the administrative assistant said the person responsible for following up on complaints was probably the administrator, who was not there to talk with. On at 4:20 pm, the dietary manager said she was also familiar with the resident council meetings. She said the administrator was responsible for documenting follow up to concerns. She did not have access to the documents. The facility's grievances and complaints	A 030		

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A 030	Continued From page 17 policy indicated the administrator worked to resolve any grievances and/or complaints and meets with the resident and/or responsible party to discuss possible resolutions within 7 days and records them on report A6.4.3.3-a. Class III	A 030		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her	A 052		

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A 052	Continued From page 18 (d) Applying , , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or , preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of	A 052		

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A 052	Continued From page 19 dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.	A 052		

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A 052	Continued From page 20 (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to follow proper procedures when assisting with self-administration of medication for 1 of 2 unlicensed caregivers sampled (A).	A 052		

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A 052	Continued From page 21 Findings: On at 11am unlicensed caregiver (A) was observed assisting resident #3 with self-administration of medication. She wrote resident #3 name on a small cup. She then checked the Medication Observation Record (MOR). She removed a prepackaged medication from the medication cart, opened the med package, and put two pills in the cup. She then locked her cart and carried the cup containing the two pills to resident #3 who was in the hallway in front of his room. He sat at a table in the common area. Unlicensed caregiver A handed him the cup with the two pills. She did not explain what the med was or what it was for. Resident #3 swallowed the pills with a glass of water. On at 11:10am an interview with unlicensed caregiver (A) was conducted. She confirmed she used improper procedure while assisting resident #3 with self-administration of medication. Class III	A 052		
A 081 SS=D	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	A 081		

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A 081	Continued From page 22 needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during 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.	A 081		

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A 081	Continued From page 23 (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its 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	A 081		

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A 081	Continued From page 24 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training 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:	A 081		

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A 081	Continued From page 25 Based on record review and interview the facility failed to ensure 5 of 5 staff sampled had completed . . . . . training. (Staff A, C, F, G, and H) Findings: 1. A review of unlicensed caregiver revealed she was hired on . . . . . Her record did not contain documentation of a one-hour training. 2. A review of nurse C record revealed she was hired on . Her record did not contain documentation of a one-hour . . . . . training. 3. A review of unlicensed caregiver F record revealed she was hired on . Her record did not contain documentation of a one-hour training. 4. A review of unlicensed caregiver G record revealed she was hired on . . . . . Her record did not contain documentation of a one-hour . . . . . training. 5. A review of nurse H record revealed she was hired on . Her record did not contain documentation of a one-hour . . . . . training. On . . . . . at 3pm, the Resident Service Director confirmed the finding in an interview. Class III	A 081		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records.	A 160		

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A 160	Continued From page 26 The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as	A 160		

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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 160	Continued From page 27 described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11970098	A. BUILDING: _____ B. WING _____	04/29/2024

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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 160	Continued From page 28 (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's . . . . . prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a satisfactory health department food inspection. Findings: A review of the facility's health department food inspection revealed it was unsatisfactory. The report indicated, among other things, that no thermometers were available at the time of inspection. On at 4:10 pm, the resident services director was asked about the report. He replied, "I wouldn't know about that." The administrator was unavailable at the time of the survey. Class III	A 160		