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
	AL11910711	A. BUILDING: _____ B. WING _____	04/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDTOWN ASSISTED LIVING RESIDENCE	2001 POLK STREET HOLLYWOOD, FL 33020

(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 (2023016101, 2023016145, 2023016657, 2023017645, 2024000652, 2024000974, 2024000979, 2024001787, 2024003654, 2024004335) survey was conducted on and at Midtown Assisted Living Residence. The facility had deficiencies related to Complaints 2023016657, 2024000652, 2024001787, 2024003654 and 2024004335 at the time of the survey.	A 000		
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 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	A 025		

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A 025	Continued From page 1 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 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 observation, record review and interview the facility failed to ensure that daily supervision of Residents took place daily to ensure that residents of the facility received assistance/or were available to receive assistance with activities of daily living and observations while they performed such activities for 19 of 19 Residents interviewed/or reviewed (Residents	A 025		

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A 025	Continued From page 2 2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19). The Findings Included: On . . . . . the Administrator provided this surveyor with a binder entitled "Standard Policies and Procedures." A review of the binder revealed a Table of Contents but did not have information relative to supervision of residents. In an interview with a Lieutenant from the local police department on . . . . . at 1:09 PM he stated they have had a lot of issues with missing persons from the facility who are told they are free to leave, and they are in their late 70's, as well as other complaints. He stated he was in the unit in 2019 and did multiple facilities and the facility has always been a problem relative to resident supervision. In an interview with a Sargent from the local Police Department on . . . . . at 10:57 AM he also stated that they have had a lot of issues with patients leaving the facility and no one knows they are gone. He cited a situation where a resident had eloped, and no one knew where he was for over 18 hours. He was not able to provide the resident's information at the time of the interview. However, this surveyor was able to identify the Resident during an interview with the Administrator. On . . . . . at 11:15 AM this surveyor informed the Administrator that the Policies & Procedures binder provided to this surveyor did not contain a policy on supervision (of residents). He was provided and opportunity to review that binder, then stated that the only information he had was in the binder. This surveyor informed him during the interview that a review of the Staff	A 025		

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A 025	Continued From page 3 Position Descriptions for facility Staff documented that residents are to be checked every 2 hours. This ensures that residents receive assistance with the activities of Daily Living (ADLs) as may be needed. During an interview with the Administrator on at 11:23 AM he acknowledged that the facility did not have the requested policy related to supervision. He also stated that presently he has no one to assist him, and that it is only him doing everything. Observation by this surveyor during the survey revealed he alone in doing all the administrative functions, helping with staff, and assisting with medication administration as he is an LPN. Thus, the required supervision of residents is not being provided, , , during the 3:00 PM - 11:00 PM and 11:00 PM - 7:00 AM shifts when residents are at most risk for leaving the facility and not receiving needed assistance with their ADLs. On and observation was also made of the facility's main/front entrance door. The door is controlled by a maglock that engages/releases when the button/buzzer is engaged. This control assists the facility in supervising the movement of residents and visitors within and without the facility. Observation revealed that a person to enter/exit the facility has to be buzzed out/in by the front desk attendant. However, observation during the survey revealed the door is left slightly ajar after it is opened. As such, persons to enter/exit can do so unabatedly as the door is not securely fastened/locked. No information/or documentation was provided relative to correcting the defect/or monitoring at the time of survey. Therefore, the supervision of egress/ingress provided by a locked door is not in effect, and no	A 025		

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A 025	Continued From page 4 one is available during the night to supervise or monitor Residents leaving the facility. And no documentation existed/or was provided relative to staff supervising the coming and going of residents within the facility during the survey. Class III	A 025		
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, 1(800)96- or 1(800)962-2873. The	A 030		

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A 030	Continued From page 5 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. [illegible] and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and [illegible]; 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 [illegible]. (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	A 030		

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A 030	Continued From page 6 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 representative, designee, surrogate, guardian, or	A 030		

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A 030	Continued From page 7 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 , , , 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	A 030		

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A 030	Continued From page 8 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 retaliatory action cannot be taken against a	A 030		

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A 030	Continued From page 9 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 observation, record review and interview, it was determined that the facility failed to maintain a safe living environment free from . The facility failed to terminate residency for a resident that presented dangerous conduct to himself and to other residents for 1 out of 2 sampled residents (Resident #1 and 2) reviewed for .	A 030		

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A 030	Continued From page 10 The Findings included: A review of the facility accident/incident/illness report dated ... at 6:00 AM documented "Resident #1 was ... by Resident #2 on the patio common area. When Resident #1 tried to defend himself, he put his ... out and Resident # 2 stepped on it, breaking his right ...". The resident was transported to the hospital via 911 and hospitalized on ... -01/082024. Further review of the Hospital report for Resident#1 revealed date of ... Ambulatory referral to ... order, and documented "... / ... right". A review of Resident #2's progress note signed by the Administrator and dated documented, Resident #2 was given a 45 Day Notice for discharge and on ..., a 45 Day Notice was withdrawn. The progress notes did not disclose the reason/nature of the issuance of the 45 Day Notice nor the withdrawal of the notice. On ... at 11:06 AM In an interview with Resident #1, he stated he remembers being in the hospital for 2 weeks, he stated he had a verbal fight that turned into a physical fight when Resident #2 pushed him and broke his .... On ... at 12:29 PM In an interview with the Administrator he stated he was not aware of Resident #1 and Resident #2 having a fight in 2023, he stated " I just found out about it today." The Administrator acknowledged Resident #2 had a pattern of conduct that was dangerous to himself and other residents. The Administrator acknowledged no action was taken after the incident happened on ... . No additional	A 030		

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A 030	Continued From page 11 documentation was provided. Class III	A 030		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo	A 032		

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A 032	Continued From page 12 identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to establish, maintain, and implement an elopement policy to ensure the facility was aware of the whereabouts of residents, and timely and accurately respond to missing residents. The Findings Include: On the Administrator provided this surveyor with a binder entitled "Standard Policies	A 032		

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A 032	Continued From page 13 and Procedures." A review of the binder revealed a Table of Contents page with tab2 indicating it contained the facility's Elopement policy. A review of the section revealed there was no policy for elopement. This surveyor only observed a page "Insert Policy and Procedures for Elopement for Small Facilities" and the quiz used for testing staff (copies obtained). This surveyor reviewed the entire binder and did not locate an Elopement Policy. In a confidential interview with a Sargent from the local Police Department on . . . . . at 10:13 AM he stated that they have had a lot of issues with patients leaving the facility and no one knows they're gone. He cited a situation where a resident had eloped, and no one knew where he was for over 18 hours. He did not have the information (Resident's name, date of incident, etc.) at that time of the interview, but stated he could provide it to me. A review of facility documents by this surveyor revealed it was Resident #5. In an interview with the Administrator on at 11:27 AM he stated he was unsure of what constituted an elopement, and no bed checks are done. He stated Resident #5 was missing, and no one knew until he was brought by Hollywood Police. He further stated that he was free to come and go and would always come to the facility. However, Observation of the main entry door by this surveyor during the survey, revealed that anyone to enter/or leave through the doors must be buzzed out by someone at the receptionist desk directly across from the doors. In an interview with the Administrator on at 11:51 AM he stated the facility has	A 032		

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	AL11910711	A. BUILDING: _____ B. WING _____	04/10/2024

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MIDTOWN ASSISTED LIVING RESIDENCE	2001 POLK STREET HOLLYWOOD, FL 33020

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A 032	Continued From page 14 not had an Elopement since he started (,). He then stated that they are not a locked-down facility, so they have residents who come and go, always come to the facility. He then asked what was considered an elopement as he may be . This surveyor explained to the Administrator that facilities are required to have a general knowledge of the whereabouts of the residents, which allows the required supervision of residents to be achieved. This surveyor also informed the Administrator during the interview on at 11:51 AM that a review of facility Staff Position Descriptions for the Night Staff documented that residents are to be checked on every 2 hours. This ensures that the general whereabouts of residents are known to staff. This surveyor also explained that Sign-In/Out sheets provide the facility with some ability to know when the Resident left the facility, where the resident was going, and an , time of return. If the Resident is not by the , time, the facility can then begin to implement their Elopement procedures. During the interview on at 11:23 AM the Administrator acknowledged the information and said he has a lot to learn as he just began being an Administrator in , and has no one to assist him, and that it is only him doing everything. But that he has the energy and determination to make sure he does everything and does it right. Observation by this surveyor during the survey revealed he alone is doing all the administrative functions, and helping with staff, and MedTech's - as he is an LPN. In an interview with the Administrator on at 11:27 AM he stated he had one resident (Resident #5) who was returned to the	A 032		

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A 032	Continued From page 15 facility by the local Police Department. He stated the resident was transferred to their sister facility as it has a secure unit. A request was made for the Resident's facility file (provided). A review of Resident #5's facility file revealed Progress Notes for the resident. A review of the Notes documented "Resident was found by (local Police Department) on both occasions and brought to the facility. Son was notified on both occasions and also notified that resident was sent to (Sister facility). (copy obtained). Review of Resident #5's facility file also revealed a document from a local Mental Health provider documenting a Visit Date of documenting he presented as a "transfer from (facility) under a BA ( ) initiated by the (Assisted Living Facility), for increased , memory loss and away from facility multiple times - poses high risk for danger" (copy obtained). No additional information was provided during the survey. The facility failed to implement elopement procedures to identify/or report that Resident #5 was missing as they do not have a policy for resident elopements. Thus, residents who leave the facility may go missing/unaccounted for a long period of time. In an interview with the Administrator on at 5:33 PM he was informed that the facility failed to implement elopement policies and procedures to identify/or report that Resident #5 was missing as they do not have a policy for resident elopements. Thus, residents who leave the facility may do so and be unaccounted for a long period of time. He stated he understood and would make every effort to put	A 032		

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A 032	Continued From page 16 one in place. Class III	A 032		
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. (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.	A 152		

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A 152	Continued From page 17 (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, record review and interview the facility failed to make needed repairs/or provide sanitary supplies to ensure a safe/sanitary living environment for 100 of 100 Residents (Residents 1-100) residing in the facility. The Finding Include: On . . . . . this surveyor conducted a , . . survey of the facility with the local Fire Department, Law enforcement agency and City Code Enforcement department. A review of the local Fire Department Annual\Periodic Report dated . . . . . revealed the facility was observed to have multiple deficiencies at the time of the inspection. Review of the document revealed the deficiencies included: Inspection of multiple self-closing fire doors were missing the automatic-closing hardware that allows it to self-close. Replace/repair all automatic-closing hardware on the fire doors so that they can work as intended. Noted at time of inspection the fire doors located in in the West building were caulked open as the magnetic hardware was not working as intended. The magnetic hardware should release the fire doors to close once a fire alarm is activated. Noted at time of inspection multiple (3) fire	A 152		

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A 152	Continued From page 18 extinguishers are out of annual compliance. They were last tagged and re-certified on . Contact your local licensed fire equipment dear to inspect and recertify the fire extinguishers. Noted at time of inspection the backflow preventer is out of annual compliance. No inspection tag/certification tag was found on the backflow preventer. The last time the facility was inspected the backflow was tagged and certified on . Contact your local fire sprinkler company to have backflow inspected and certified. In an interview with the Inspector from the local Fire Department on at 11:43 AM he stated there were several items identified as violations, which includes: 1.Elevator on the west side of the facility isn't working. 2.Fire rated doors have mechanisms that have been removed and doesn't close properly. 3.Exit lighting failing to work on emergency. 4.Some exposed wiring in AC closet on the second floor (West side of building). 5.Fire extinguishers (3) out of compliance, one blocked by vending machine on the outside corridor. 6.Sprinklers heads on several floors clogged with debris. 7.Two AC closets in Western side of building has fusible links that were not inspected and is full of debris. 8.Two fire-rated doors on first floor is linked to fires system and the kitchen on Western side of building doesn't work and is always propped open and won't close. 9.Some penetration in the electrical .North stairwell in Nort bldg. (make observation).	A 152		

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A 152	Continued From page 19 During the tour of the facility on this surveyor observed the bathroom door on the first floor located next to the bathroom by the elevator was observed to have no doorknob, so residents are unable to have privacy when in use, as observed by this surveyor on . Observation also revealed the bathroom had no toilet paper, no soap, no paper towels (dispenser is broken), and the wall dryer does not work (Photo evidence obtained). Observation was made of a second bathroom(s) on the first floor by the West Building located closest to the elevator (on the West side). Observation revealed the bathroom had a locked doorknob and 2 empty bleach bottles on the floor by the door. In an interview with Resident #20 on at 1:26 PM he stated the bathroom has been out of service for over a year now and is used for storage. This results in only one non-private bathroom being available for resident/or staff use on the first floor where residents congregate to watch television, engage in conversation, or access the courtyard. Observation was made of an air-conditioning (AC) vent in the hallway between the East building and West building near the dining and bathrooms. The vent was observed to have had a mold-like substance. Observation was also made of a ceiling tile located near the vent that was buckled and soiled, and appeared as if it would potentially (photo evidence obtained). Observation was also made of the elevator in the West Building which is not working. On at 1:21 PM this surveyor observed that the elevator located in the West building that allows residents/staff to go between the 1st and	A 152		

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A 152	Continued From page 20 3rd floors was not working. This surveyor pressed the button numerous times and did not hear any noise typically associated with an elevator when it is activated. In interviews with residents on . . . . . they stated it has been out of service for about 6 weeks. In an interview with the Administrator on . . . . . at 10:40 AM he provided this surveyor with a document from (Elevator Company) dated . . . . A review of the document revealed the company's inspection of the elevator, the scope of work to be done and a $12,505.00 quote to do the repairs (copy obtained). However, the Administrator could not provide information as to whether the quote has been authorized for repair/payment, or when the repairs would commence. Observation of the North stairwell door in the West building (across from the elevator) was observed propped open with the plastic stand-up placard that is used to alert people that the floor is wet. This is done so that residents on walkers can easily use the stairwell door because the elevator is broken (photo evidence obtained). On this surveyor made observation of a 32-inch Toshiba television (TV) that is mounted on the wall in the sitting area between the dining room and the outdoor courtyard. Because of its size, it is not clearly visible to residents who may be sitting a small distance from it. In an interview with Resident #20 on at 2:13 PM he stated has difficulty watching the TV, and that it is old and blanks on/off. There was no other TV observed in the facility for resident use. Class III	A 152		

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A 162	Continued From page 21	A 162		
A 162	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded	A 162		

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A 162	Continued From page 22 semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ([illegible]), CF-ES 1006, [illegible], which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has	A 162		

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A 162	Continued From page 23 made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to establish/or maintain and make a available for review a Resident record for one (1) of five (5) Residents reviewed (Resident #1).	A 162		

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A 162	Continued From page 24 The Findings Include: During an interview with the Administrator on at 11:08 AM a request was made for the current facility Resident Census, which the Administrator provided. A review of the document did not document Resident #1 as being a resident at the facility. In an interview with the Administrator on at 11:17 AM a request was made for the facility file and documents for Resident #1. He stated he was not familiar with the name and may not have a file for her. This surveyor informed him that she was a Resident, and her date of discharge was said to be . He stated he would look for the file, and provided a few documents related to the Resident. However, the documents were insufficient for review as it did not contain information such as Resident #1's (AHCA Form 1823), Progress Notes, Medication Observation Records, etc. No other information/or documents were provided at the time of survey. Class	A 162		