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
	AL11965303	A. BUILDING: _____ B. WING _____	R-C 06/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN OAKS ASSISTED LIVING LLC	820 15 TH STREET N. SAINT PETERSBURG, FL 33705

(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
{CZ830} SS=D	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 their comprehensive emergency management plan (CEMP) to the local emergency management agency annually for approval. Findings Included: During an attempt to review the approved CEMP, conducted on , the Administrator did not provide an approved CEMP from the local emergency management agency. During an attempt to review the letter that the facility's CEMP had been submitted to the local emergency management office, conducted on , the letter of submission was not provided. During an interview with the Administrator, conducted on at 11:27am, the Administrator stated that the facility had not submitted their CEMP to the local emergency management agency. Class III	{CZ830}		
{A 000}	Initial Comments A revisit to biennial survey was conducted at Woodlawn Oaks Assisted Living on . Deficiencies were identified at the time of survey.	{A 000}		

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{A 026} SS=D	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by:	{A 026}		

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{A 026}	Continued From page 4 Based on observation and record review, the facility failed to provide an ongoing activities program that encouraged all residents to participate in social, recreational, education, and other activities within the facility. Findings Included: Observations, conducted on . . . . . from 10:15am through 02:00pm, there were no activities that were offered or provided. The activity calendar was not posted. A review of the activity calendar, conducted on . . . . . , revealed that the activities that were noted to be provided on was chair yoga at 10:00am, Trivia at 10:30am, and movie time at 12:30pm. During an interview with the Administrator, conducted on . . . . . at 01:30pm, the Administrator stated that the staff had not been offering activities because of the construction in the facility. Class III	{A 026}		
{A 034} SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device.	{A 034}		

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{A 034}	Continued From page 5 (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have a policy and procedures for wheelchair and walker assistive devices. Furthermore, the facility failed to have each assistive device documented in resident records for two Residents (#4 and #10) of two sampled residents that used a walker or wheelchair for ambulation. Findings Included: During an observation of Residents #4 and #10, conducted on at 12:15pm, Resident #4 used a walker for ambulation and Resident #10 used a wheelchair for ambulation. During a record review for Resident #4, conducted on , revealed that Resident #4 was admitted to the facility on . Resident #4's health assessment form dated did not note that the resident had a physical limitation and required the use of a walker for ambulation. There was no documentation in Resident #4's record that the resident required the use of a walker for ambulation.	{A 034}		

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{A 034}	Continued From page 6 During a record review for Resident #10, conducted on [redacted], revealed that Resident #10's date of admission was not noted in the resident's record. Resident #10's health assessment form dated [redacted]/202 (full year was not noted) did not note that the resident had a physical limitation and required the use of a wheelchair for ambulation. There was no documentation in Resident #10's record that the resident required the use of a wheelchair for ambulation. During an attempt to review the facility's assistive devices policy and procedures, conducted on [redacted], revealed that there was no assistive devices policy and procedures to review. During an interview with the Administrator, conducted on [redacted] at 12:55pm, the Administrator agreed that the facility did not have an assistive devices policy and procedures. At 01:11pm, the Administrator agreed that Residents #4 and #10's health assessments did not note the residents' physical limitation and the need for assistive devices. Class III	{A 034}		
{A 078} SS=D	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 [redacted]. 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	{A 078}		

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{A 078}	Continued From page 7 does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's 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	{A 078}		

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{A 078}	Continued From page 8 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 obtain evidence of a negative ( ) examination from a health care provider for three employees (Administrator, Staff B and Staff C) of four sampled employees. Findings Included: An employee record review for the Administrator and Staff B and C, conducted on . . . . . , revealed that the Administrator, Staff B and Staff C's employee records did not contain evidence that the employees had a negative examination. The Administrator was hired on . Staff B was hired on . Staff C was hired on . . . . . . During an interview with the Administrator, conducted on at 12:20pm, the Administrator agreed that her own employee record and Staff B and Staff C's employee records did not contain a negative .. examination.	{A 078}		

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{A 078}	Continued From page 9 Class III	{A 078}		
{A 083} SS=D	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that there was staff on each shift with training in first aid and ( ) for one employee (Staff C) of four sampled employees. Findings Included: An employee record review for Staff C, conducted	{A 083}		

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{A 083}	Continued From page 10 on . . . . . , revealed that there was no evidence in Staff C's employee record that the employee obtained training in first aid and . . Staff C was hired on . During an interview with the Administrator, conducted on . . . . at 12:23pm, the Administrator stated that Staff C had lost her cellular telephone and was unable to locate the first aid and training certificate. The Administrator agreed that Staff C worked in the facility without other staff present. Class III	{A 083}		
{A 084} SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the 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	{A 084}		

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{A 084}	Continued From page 11 side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for . . . . control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 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	{A 084}		

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{A 084}	Continued From page 12 and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] 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	{A 084}		

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{A 084}	Continued From page 13 sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed ensure that employees assisting residents with medications had the required six-hour in person training regarding assistance with self-administration of medications prior to assisting residents with their medications for one unlicensed Medication Technician (Staff C) out of one staff. Findings Included: An employee record review for Staff C, conducted on . . . . . , revealed that Staff C had a six-hours training certificate dated that did not include the subject matter or the agenda of the training program. There was no evidence that the training was an in-person training. The certificate did not include the license number or the signature of the Registered Nurse that provided the training. During an interview with the Administrator, conducted on . . . . . at 12:25pm, the Administrator agreed that Staff C's six-hour training certificate did not include the subject matter or the agenda of the training program. The	{A 084}		

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{A 084}	Continued From page 14 Administrator was not able to provide evidence that the training was an in-person training. The Administrator agreed that the certificate did not include the license number or the signature of the Registered Nurse that provided the training. Class III	{A 084}		
{A 152} SS=D	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	{A 152}		

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{A 152}	Continued From page 15 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, record review, and interview, the facility failed to provide a safe, clean, decent, and homelike environment. Furthermore, the facility failed to maintain all existing mechanical and electrical systems in good working order. Findings Included: During observations, conducted on . . . . . at 12:38pm, the wall in the dining room in front of the second table to the right, there were drips of unknown substances. The baseboard in the dining room was caked with dust and unknown substances. The light fixture above the television to the . . . of the dining room did not have a cover. The light fixture near the kitchen entrance had a cover that was cracked and broken. There were two chandeliers to the front of the dining room. Each chandelier had two of eight light bulbs functioning. The air return vent and the . . . . air discharge vent were caked and covered with an accumulation of dust. The discharge vent had black areas consistent with bio growth. There was no room or area that had comfortable seating for reading and engaging in socialization or other leisure time activities. The seating in the dining room was hard wood furniture. There was one of two chairs by the kitchen area that was	{A 152}		

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{A 152}	Continued From page 16 worn, torn, stained, and unsightly chair. The hallway by , the lower part of the wall had a large area with black scuffs and scratches. 's entry door had black scuffs and scratches to the lower part of the doors. There was dust accumulation on outlet plugs, switch plates, and alarm . There were two alarm pulls that appeared non-funtional that had black substance consitent on the top of both. There were one of five overhead light not functioning. , the toilet was not clean and had brown spots to the seat and top the of bowl. The toilet bowl had stains and bio growth. The bathroom floor had standing water. The bathroom light cover had many bug carcasses inside. The wall behind the bed had paint peeling from the wall. (photographic evidence obtained) During an attempt to review any quotes, contracts, and timeline for the needed repairs, conducted on /2204, there were none to review. During an interview with the Administrator, conducted on at 01:20pm, the Administrator stated that she did not have any quotes, contracts, or timelines for the needed repairs. The Administrator reviewed each photograph and agreed that the facility was in need for repairs, cleaning, painting, and comfortable furniture for residents. During an attempt to interview the Owner, conducted on at 01:25pm, there was answer or response from the voicemail that was left. Class III	{A 152}		

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{A 162}	Continued From page 17	{A 162}		
{A 162} SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. [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 18	{A 162}		

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] ([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

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{A 162}	Continued From page 19 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 record review and interview, the facility failed to obtain health assessment form documented completely on the required , form for three Residents (#5, #7, and #10).	{A 162}		

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{A 162}	Continued From page 20 Furthermore, the facility failed to obtain and record semi-annually for one Resident (#7) of three sampled residents. Findings Included: A record review for Resident #5, conducted on , revealed that Resident #5's health assessment form dated was documented on the form and not the required form. The health assessment was obtained greater than three years ago. Another health form in Resident #5's record did not note the date of the examination or the type of assistance that the resident required for medication administration. This health assessment form was documented on the form and not the required form. A record review for Resident #7, conducted on , revealed that Resident #7's health assessment form dated was documented on the form and not the required form. The health assessment form noted that Resident #7 required supervision for ambulation, , and transferring and assistance with bathing. There were no documented in Resident #7's record for the years 2023 and 2024. A review of the record, conducted on , revealed that there were no documented for Resident #7. During an interview with Staff A, conducted on at 12:45pm, Staff A stated that the facility was unable to obtain Resident #7's because the resident was unable to stand independently.	{A 162}		

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{A 162}	Continued From page 21 A record review for Resident #10, conducted on , revealed that Resident #10's health assessment form dated /202 did not note the full year of the examination and Resident #10's diagnoses. During an interview with the Administrator, conducted on at 12:50pm, the Administrator stated that the facility was unable to obtain Resident #7's because the resident was unable to stand independently. At 01:11pm, the Administrator agreed that Resident #5 and #7's health assessment forms were documented on the form and not the required , form. The Administrator agreed that Resident #5's health assessment was dated greater than three years ago. The Administrator agreed that Resident #10's health assessment form did not note the full date of the examinations and Resident #10's diagnoses. Class III	{A 162}		