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
	AL11965733	A. BUILDING: _____ B. WING _____	06/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

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A 000	Initial Comments AMENDED (complaint number corrected). A complaint investigation (#20234006811) was conducted from , through , at Sterling Aventura. Deficiencies were identified at the time of the survey.	A 000		
A 010 SS=G	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is	A 010		

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A 010	Continued From page 1 agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must	A 010		

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A 010	Continued From page 2 notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,	A 010		

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A 010	Continued From page 3 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [redacted], ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 4 (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the continued appropriateness of placement for two out of sixty-six sampled residents (Resident #40 and Resident #63). Resident #40 had two , ... that were untreated for 11 days. one of which was identified as . Resident #63 was aggressive and combative toward staff since being admitted in , . Findings included: 1) Review of communication board on the wall of the nursing station showed that Resident #63 was aggressive toward aide and nurse by hitting and spitting. On at 11:18 AM, observation showed Resident #63 seated on the edge of the bed getting assistance with from Staff AI and Staff AJ (certified nursing assistants). The resident was screaming and combative. She slid down from the bed and laid on the floor. Staff AJ exited the room and stated that she was going to call the nurse to assess the resident. On . . . . . at 11:20 AM, Staff AI stated that they were getting Resident #63 ready to go to the third floor (memory care unit) but she was very combative. Staff AI further stated that the resident punched and kicked her and had been had that behavior since she was admitted. On at 11:30 AM, observation showed	A 010		

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A 010	Continued From page 5 Staff AH (licensed practical nurse) arrived and took resident vital signs. Staff AH talked to the resident and tried to stand her up from the floor, but the resident did not follow the order and continued screaming. Then, Staff AH called a non-emergency medical team to evaluate the resident. On . . . . . at 11:30 AM, Staff AH stated that Resident #63's family did not want her to be in memory care. So, she just would go during day for the day care program. Staff AH further stated that caregivers communicated that the resident was getting ready for the shower, and she started yelling. Additionally, the previous week she went to the hospital for evaluation after a staff found the resident on the floor. Review of Resident #63's record revealed admission date was and progress notes showed that: " - Resident observed in the lobby very disoriented and . . . . . . - Resident have increased , ... in the basket. - [Staff] informed that resident is . . . (. . . . .) in her clothes basket all over the floor and put a chair in front of the door. [Nurse] observed resident LOC (level of . . . . .) is in decline. Resident was very agitated and . . . . . Screaming and yelling at [Staff]. Tried to calm her down and was not successful. - POA (legal representative) informed of resident increased . . . . . Family agreed to obtaining private aide and discussed the possibility of day care programming in memory care when aide is unavailable. - Spoke with resident's son to discuss resident's plan of care which includes daily visits	A 010		

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A 010	Continued From page 6 to memory care for recreational activities. Staff reported resident ◡ in wastebaskets. . . . . . - [Staff] reported that resident has been very combative with staff while helping her with AM (morning) care. Spitting, scratching, pushing the walker toward the staff, slamming it in an angry manner. Tried to calm resident down. Resident shout get out of my room. [Staff] reported increased agitation and resistance to care. . . . . . - [Nurse] spoke with psych to evaluate resident, due to staff reports of resident scratching, kicking and punching them. Staff re-educated on redirection techniques. . . . . . - [Staff] notified that resident was observed on the floor next to living couch. . . . . . - Resident observed on the closet floor in bedroom, emergency team activated. When emergency team arrived resident was combative, unable to obtain vitals. When tried to bring her to standing position, resident stated that both ◡ were in , ." On at 11:50 AM, during an interview with the fire rescue team they stated that they were called for Resident #63 who had felt, and staff could not get her up. They also stated that this was not the first time they had come to the facility for the same resident. On . . . . . , they came to the facility for the same reason, they were unable to get the resident off the floor after she had slid down the floor while staff were assisting her. They further stated that the police had also had to come that day because the resident was being combative, and staff were not able to manage her. Review of Resident #63's health assessment completed . . . . . showed medical history and diagnoses of , , , ,	A 010		

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A 010	Continued From page 7 schwannoma, , and trigger . The resident needed supervision with bathing and ; and required assistance with self-administration of medication. On at 12:26 PM, the Administrator stated that they were thinking Resident #63 was not appropriate and they were in the process of having the conversation with the family. The facility would give 45 days' notice because the resident's family did not want to put her in the memory care unit. But until then, the resident would continue with the day program so she could benefit from the specialized activities. 2) Review of Resident #40's record revealed a CNA (certified nursing assistant) documented that she found the resident had a , on his . She observed the while bathing the resident on . Further review showed no documentation that the resident received any care for the for the 11 days, and there was no doctor's order for any to be received going forward. On at 10:04 AM, the Director of Health Servies stated, "I spoke to our Executive Director of a possibility of him transferring to a higher level of care due to him unable to participate in completing his ADLs (activities of daily living). We plan to discuss the level of care with the Executive Director and the POA (power of attorney/legal representative)." On at approximately 11:00 AM, the Assistant Director of Nursing (ADON) said she was not aware the resident had the , and	A 010		

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A 010	Continued From page 8 that she was now aware of the chart entry dated . She stated the CNA who found the did not document following up with a health care provider, so she would do so. She stated she covered the and wrote a progress note because she had no doctor's order to do anything further. On at 8:35 AM, a nurse from the Agency from Health Care Administration assessed Resident #40 and confirmed there were two pressure injuries on the resident: one on the and one on the . According to the Agency nurse, the measurements indicated the appeared to be moving from to , and the was deeper. On at 8:37 AM, the ADON stated that she had not noticed a second . She further stated that the resident had not received care or any documentation of medical orders or care for the injuries. A review of Resident #40's health assessment dated showed the resident was diagnosed with , 's , high and . The resident also had an updated health assessment conducted by facility staff on for a change of condition, which stated that the resident required frequent -on assistance with transfers and changes of position, and he needed on person to assist him with lifting from a seated position. The resident used a wheelchair or walker to ambulate. As per , review of Resident #40's record revealed no documentation that a physician had been contacted or care was put in place.	A 010		

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A 010	Continued From page 9 Review of the progress notes from care for Resident # 40 received on showed that he had been seen by an Advance Practice Registered Nurse for care on at 3:22 PM, and that the resident had a Coccygeal , that measured 5.5cm x 7cm x 0.1cm, that had 2 openings with one bridge of 2cm; had no undermining and no care was ordered on Monday, Wednesday and Friday. Class II	A 010		
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 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.	A 025		

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A 025	Continued From page 10 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the 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 interview, observation and record review the facility failed to contact the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager when the resident exhibited a significant change for one out of 63 sampled residents (Resident # 40). They	A 025		

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A 025	Continued From page 11 also failed to maintain a written record of the resident declining in functions. Findings included: A review of Resident # 40's health assessment completed on [redacted] showed that Resident # 40 was independent with ambulation and transferring, supervision with toileting and assistance with bathing, [redacted], eating and grooming. Required assistance with self-administration of medications and had no [redacted]. On [redacted] at 6:54 AM observed Resident # 40 standing up from recliner and walking to his bed with assistance from his friend. He was very rigid and slow and wore adult briefs. Once he was in bed, during assessment of his body, observed that he had a [redacted] on the left [redacted]. A review of residents' records revealed no documentation regarding Resident # 40 decline in functions and the primary physician being contacted. Revealed that a note dated [redacted] that stated, "Resident has a [redacted] to left [redacted], resident needs [redacted] consult." There was no documentation for the next 11 days about the resident being seen by a doctor or receiving [redacted] care. Also revealed that the facility's staff had conducted a health assessment for a change of condition on [redacted], which stated that the resident required frequent [redacted]-on assistance with transfers and changes of position, and he needed one person to assist him with lifting from a seated position and used a wheelchair or walker to ambulate. On [redacted] at 9:36 AM the Director of Health Services (DOHS) stated, "When I assessed him, I	A 025		

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A 025	Continued From page 12 observed that he has limited mobility. However, the physical , said when I assessed him that was not his max mobility. We were told by staff that he needed more assistance with transferring and mobility. I visited him several times. He was unable to move. He needed with activities of daily living. On at 7:11 AM, Resident # 40 stated that Staff AD would pour the medication into his . There was no documentation that the resident was not able to hold the medications in his . Class III	A 025		
A 027 SS=I	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , and remind residents about scheduled , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to make medical arrangements, including coordinating medical	A 027		

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A 027	Continued From page 13 care for one out of 63 sampled residents (Resident # 40), who developed a , that was discovered and reported by a Certified Nursing Assistant (CNA) and had not been seen by a doctor nor received treatment 10 days later, and the progressed to a . Findings: Reviewed of facility' records about Resident # 40 showed documentation dated that stated, "Resident has a to left , resident needs consult." There was no documentation about the resident receiving treatment for his for the next 10 days. On at 10:15 AM, on interview about Resident # 40 the Assistant Director of Health Services (ADOHS) stated, "He doesn't have any ." "I will have to contact the nurse and ask her." After Staff AH (License Practical Nurse) was contacted, ADOHS stated, "Yes, Staff AH stated that Resident # 40 has an and that the doctor was contacted. So let me contact the home health company to get information." At 10:45 AM, the ADOHS stated that she had contacted the home health company that does care at the facility, and they informed her that Resident # 40 was not receiving care from them. She further stated that she did not see a doctor's order for his . On at 11:47 AM, the ADOHS stated about Resident # 40's , , "I just dressed it. It is . He isn't receiving care. They did call the doctor and left a message. There was no follow up." Further review of facility records showed that the	A 027		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 027	Continued From page 14 ADOHS documented on [redacted], "At approximately 11:30 AM writer assessed resident left [redacted]. Wound presents as a [redacted] measuring 2.5 cm x 2.0 cm x 0 cm. [redacted] bed is pink, clean, dry, without [redacted], nor odor. [redacted] bed cleansed with normal [redacted] dry and covered with dry protective [redacted]. Resident referred to third party provider for further assessment and [redacted] follow up. On [redacted] at 6:54 AM, observed that Resident # 40 had a [redacted] on the left [redacted] covered with a [redacted] that was stained with [redacted] and yellowish [redacted]. On [redacted] at 8:35 AM with the assistance of the ADOHS observed again the [redacted] for Resident # 40, the [redacted] had more [redacted]; found a left side [redacted] measuring 3x1.5 cm. During assessment found a second [redacted] located in the [redacted] that measured 1.8x.5cm and looked deeper than the one on the left [redacted], there was a little channel coming out of the left side of the [redacted] on the [redacted] in direction to the left side [redacted]. On [redacted] at 8:38 AM the ADOHS stated that the day before she had just cleaned the [redacted] with normal [redacted] and [redacted] dried it and covered it with [redacted], that she could not do anything else until he was seen by the doctor, and that she had not seen the [redacted] the day before and that it looked deeper than the one on the left [redacted]. Review of the progress notes from [redacted] care for Resident # 40 received on [redacted] showed that he had been seen by an Advance Practice Registered Nurse for [redacted] care on [redacted] at 3:22 PM, and that the resident had a [redacted]	A 027		

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A 027	Continued From page 15 . . . . . Coccygeal , ... that measured 5.5cm x 7cm x 0.1cm, that had 2 openings with one bridge of 2cm; had no undermining and no . . care was ordered on Monday, Wednesday and Friday. Based on evidence, through interview and records review, Resident # 40 received care 11 days after the . . was discovered and had progressed to a . , with 2 openings. A review of the facility's policies and procedures revealed that their , policy was to promptly address the care and treatment of any/all resident skin concerns related to Pressure / . . . . Dermitus . . . . . Class I	A 027		
A 030 SS=J	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	A 030		

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A 030	Continued From page 16 to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 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	A 030		

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A 030	Continued From page 17 or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and 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	A 030		

Agency for Health Care Administration

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A 030	Continued From page 18	A 030		

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

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A 030	Continued From page 19 for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [illegible], interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (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	A 030		

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A 030	Continued From page 20 the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the 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	A 030		

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A 030	Continued From page 21 resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that one of 66 sampled residents (Resident #40) lived in a safe and decent living environment, free from [illegible] and neglect, and treated with consideration, respect and due recognition of personal dignity and individuality. Resident #40 had a cup of water thrown in his [illegible] by Staff AD after she assisted him with medication. They continued to allow staff to work at the facility with no corrective action. The facility failed to conduct additional investigations to ensure similar incidents did not occur with other residents. Findings include: A review of Resident #40's progress notes dated [illegible] showed, "[Staff AD, Medication Technician] report that while given resident medication, some water drop on him, he jump out of bed ran after in the hallway."[sic] A review of Resident #40's health assessment dated [illegible] showed a medical history and diagnoses of [illegible], high [illegible], and [illegible]. The resident needed supervision with toileting and assistance with bathing, [illegible], eating, grooming, and medication self-administration. A review of the facility's assessment on Resident #40, dated [illegible], stated that the resident required frequent [illegible]-on assistance with transfers and changes of position. He also	A 030		

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A 030	Continued From page 22 needed one person to assist with lifting from a seated position. The resident ambulated in a wheelchair or walker. In an interview on . . . . . , at 7:14 AM, when asked about the incident between him and Staff AD, Resident #40 stated, "She was the one to give me my medicine in the afternoon, and she was the only one I had problems with. Every time she came in to give me my medication and water, the water would run down my . . . . That day, I was lying down and got up and screamed at her, 'Why do you keep pouring water down my . . . .?' After I screamed, she threw the water at me and ran out the door. I was mad and walked to the door. I saw [Staff AE], told her what happened, and told her I did not want [Staff AD] in my room. After that, [Staff AE] helped me change into dry clothes and changed my bed, which was also wet." On at 3:43 PM, Staff AD stated she went into Resident #40's room to provide medication, and while she was helping him drink his water, some spilt onto him. She stated, "He jumped out of bed and grabbed my . He ran after me into the hallway. He . . . . . my . . . " On . . . . . at 8:31 AM, Staff AE, Certified Nursing Assistant, stated, "I was in the lobby, and I heard [Staff AD] running from the room. She said the man her because water spilt on him. I saw [Resident #40] in the doorway; he cannot run. I went inside the room and assisted him in changing his clothes. I cannot remember if it was too wet, but I know it was damp, and I could not leave him like that. [Staff AD] said that he grabbed her and scratched her. He is normally calm."	A 030		

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A 030	Continued From page 23 In an interview on [redacted] at 9:18 AM, the Director of Sales stated, "[Administrator] asked me to speak to [Resident #40] since I have a relationship with him because I moved him in. He is very [redacted]. He told me that [Staff AD] threw water in his [redacted]. He said he got up but didn't go into the hallway; he walked to the entrance of his room. [Resident #40] stated that whenever [Staff AD] was assisting him with medication, she was always impatient with him. He was very clear and showed the gesture of how she threw the water. I found [Resident #40] to be a calm person." In an interview on [redacted] at 9:36 AM, the Director of Health Services stated, "I was informed by the previous shift that [Staff AD] was assisting [Resident #40] and spilled water on him. He became upset and, I guess, lunged at her. She threw the water, and we were told he ran after her into the hallway. Our Executive Director informed me. There are some discrepancies. When I assessed him, I observed that he had limited mobility. [Staff AD] claimed she had an injury. She was sent to urgent care and was asked to return. There were no findings of wrongdoing." Observation on [redacted] at 7:10 AM showed Resident #40 was only able to able to stand or ambulate with the assistance of one person or an assistive device. On [redacted] at 12:39 PM, when asked about the conflicting statement of Resident #40 running down the hallway and his observed limited mobility, the Administrator stated, "He told me he had one of his possessed moments." A review of the facility's investigation notes	A 030		

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A 030	Continued From page 24 showed an interview from Resident #40 stating," Yesterday [Staff AD] came to give him meds. When she gave him water, the water dripped down his . He got angry about that and had one of his 'possessed moments' stating he bolted upright. [Staff AD] then threw water on him." A review of the adverse incident report filed on showed that Resident #40 alleged that Medication Technician Staff AD came into his room to give him medications. As she was giving him water, it dripped down his . He got angry and stood up. Staff AD then threw water on him. The facility placed Staff AD on administrative leave pending an investigation. In an interview on at 8:17 AM, when asked about the outcome of the facility's investigation, the Administrator stated that Staff AD was allowed to return to work because she "did not intentionally throw the water" at Resident #40. In an interview with the Administrator on at 8:33 AM, when asked if the facility investigated whether this kind of could happen on the other floors, she stated, "No, additional residents were spoken to." On at 9:06 AM, the Business Manager stated," [Administrator] and [Assistant Director of Health Services] came to my office and told me allegedly [Staff AD] threw water on [Resident #40]. [Administrator] and [Assistant Director of Health Services] approached her and placed her on administrative leave for two weeks and a couple of days to have her out of the building to investigate. [Administrator] conducted an investigation and thought it was inconclusive and that it was not done intentionally. There was	A 030		

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A 030	Continued From page 25 also an investigation done because she was talking to someone and said things that were a HIPPA violation." In an interview on at 8:50 AM, the Assistant Director of Health Services stated, "I don't remember the date. In the afternoon, [Director of Health Services] and I found out. We went to his room and asked him what occurred. He said that he had asked for a service to be done. She came in with a bad attitude, washed her , and flicked it on him. Allegedly, he got up and ran after her in the hallway. She ran down the hallway yelling, 'Get him away from me! He has .' She allegedly said he hurt her and that she had a scratch. When we looked at her, it wasn't a scratch. It was a birthmark. No one has ever had issues with [Resident #40]. However, [Staff AD] is not the most pleasant person." A review of Staff AD's personnel file showed an administrative leave notice dated due to "On Resident ( ) alleged that on in the evening. [Staff AD] The assigned med tech allegedly threw water at him on purpose." Further review showed an educational opportunity notice dated educating staff to "Adhere to privacy policies and HIPAA compliance at all times. Ensure resident is sitting up to take meds and give water." A review of the facility's resident policy showed that "The Executive Director will review the facts of the investigation and determine what corrective action should be taken, if any, to prevent a similar occurrence." A review of the facility's records showed no documentation of any corrective action. A review of the facility's resident policy	A 030		

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A 030	Continued From page 26 showed, "All allegations or incidents of . . . . . must be reported immediately to the Director of Health Services (DOHS), Executive Director, and the Department Manager in person or by phone followed by a written report immediately following the initial investigation. The residents' legal representatives shall be notified immediately upon the report of the alleged occurrence. Notify the attending physician appropriately." A review of Resident #40's record showed no documentation that the resident's family or legal representatives were contacted or that the resident's physician was contacted. On at 8:50 AM, when asked about the facility's measures to prevent reoccurrence of , the Assistant Director of Health Services stated, "We in-serviced every staff starting the same day we found out about the incident." A review of the facility's in-service training records dated . . . . . showed Staff AD was not present during the training. On at 9:40 AM, When asked what was put in place to prevent the incident from reoccurring, the Director of Health Services stated, "The next step was to avoid upsetting [Resident #40]. She is not to have any correspondence with him." A review of the staff assignment sheet dated showed that Staff AD was assigned to provide medication on the 2nd floor (the floor on which Resident #40 resided). A review of the facility's resident policy showed that the facility would "DHSS (Health and Social Services) to self-report the incident by	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965733	A. BUILDING: _____ B. WING _____	06/26/2024

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A 030	Continued From page 27 calling the Adult . . . . and Neglect Hotline." In an interview on . . . . . at 8:21 AM, the Administrator stated the incident was not reported to the Department of Children and Families. Class I	A 030		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including . . . . g . . . . . testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not	A 053		

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A 053	Continued From page 28 required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on an interview and record review, the facility failed to have licensed staff available to administer the medication for one of the 66 sample residents who required medication administration (Resident #40). Findings include: In an interview with Staff AD, Medication Technician, on at 3:43 PM, she stated, "I asked [Resident #40] to get up to take his pills, but he said he couldn't do it. He asked me if I could put them in his , so I put the pills in his . I have been giving him his medication like that all the time. " In an interview on , at 7:14 AM, when asked about how Staff AD would assist him with his medication, Resident #40 stated, "She would pour the medication in my and then gave me the water, which would always run down my ." A review of Resident #40's health assessment dated showed medical history and diagnoses of , 's , high , and . The resident needed supervision with toileting, and needed assistance with	A 053		

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A 053	Continued From page 29 bathing, [redacted], eating, grooming and self-administration of medication. A review of Staff AD's personnel record revealed that she was not a licensed medical professional. In an interview on [redacted] at 10:04 AM, when asked if she was aware Staff AD was putting Resident #40's medication into his [redacted], the Director of Health Services stated, "I became aware with this incident with the water being thrown. This is why we spoke to [Resident #40] about the administration of medication; a lot of this was made aware during the incident. He can take the pills but needs help with the water." Class III	A 053		
A 055 SS=E	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications	A 055		

Agency for Health Care Administration

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A 055	Continued From page 30 being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future	A 055		

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A 055	Continued From page 31 use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain centrally stored medications in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times. Findings: Observation on , at approximately 6:50AM, revealed that the Director of Nursing's (DON) office door had been left opened. Further	A 055		

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A 055	Continued From page 32 observation revealed that 17 packs of medication left on top of a floor cabinet. In an interview with Staff R (medication technician) on , at approximately 7:05AM, regarding the medication left unsupervised in the open and unlocked office, she stated, "Those are for me to pass now. I had taken them with me to the office to retrieve something and left them there by accident." Class III	A 055		
A 077 SS=G	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted,	A 077		

Agency for Health Care Administration

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A 077	Continued From page 33 as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the [illegible] of a facility administrator, the	A 077		

Agency for Health Care Administration

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A 077	Continued From page 34 agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.	A 077		

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A 077	Continued From page 35 (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, ... , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have an administrator capable of handling the operation and maintenance of the facility, including the management of all staff and the provision of appropriate care to all residents. Findings include: 1) A review of the facility's roster on the Background Screening Clearinghouse database showed that the Administrator was hired on . A review of the adverse incident report filed on . . . . . showed that Resident #40 alleged that Medication Technician Staff AD came into his room to give him medications. As she was giving him water, it dripped down his . He got angry and stood up. Staff AD then threw water on him. The facility placed Staff AD on administrative leave pending an investigation. In an interview on . . . . . , at 7:14 AM, when asked about the incident between him and Staff AD, Resident #40 stated, "She was the one to give me my medicine in the afternoon, and she	A 077		

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A 077	Continued From page 36 was the only one I had problems with. Every time she came in to give me my medication and water, the water would run down my . . . . That day, I was lying down and got up and screamed at her, 'Why do you keep pouring water down my . . .?' After I screamed, she threw the water at me and ran out the door. I was mad and walked to the door. I saw [Staff AE], told her what happened, and told her I did not want [Staff AD] . . . in my room. After that, [Staff AE] helped me change into dry clothes and changed my bed, which was also wet." In an interview on at 8:17 AM, when asked about the outcome of the facility's investigation, the Administrator stated that Staff AD was allowed to return to work because she "did not intentionally throw the water" at Resident #40. In an interview with the Administrator on at 8:33 AM, when asked if the facility investigated whether this kind of . . . . . could happen on the other floors, she stated, "No, additional residents were spoken to." Observation on at 7:10 AM showed Resident #40 was only able to able to stand or ambulate with the assistance of one person or an assistive device. On at 12:39 PM, when asked about the conflicting statement of Resident #40 running down the hallway and his observed limited mobility, the Administrator stated, "He told me he had one of his possessed moments." A review of the facility's resident policy showed, "The Executive Director will review the facts of the investigation and determines what	A 077		

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A 077	Continued From page 37 corrective action should be made, if any, to prevent a similar occurrence." A review of the facility's records showed no corrective action documentation. In an interview on [redacted] at 8:21 AM, the Administrator stated the incident was not reported to the Department of Children and Families. 2) On [redacted] at 9:47 AM, the health department representatives stated that the facility kitchen had to be closed due to grey wastewater, which had flooded food preparation areas the night before and again that morning during food service. They also stated that the facility had experienced flooding in several rooms during the storm the prior week on [redacted]. On [redacted] at 11:45 AM, when asked if she reported the flooding of rooms from the storm to the agency, the Executive Director stated, "Was it supposed to be reported to [Agency]? Were we supposed to report on AIRS (Agency Incident Reporting System)?" Observation on [redacted] at 11:32 AM showed bubbles in the paint on the walls and wet carpeting on the carpeted floor. In an interview on [redacted] at 11:48 AM, the Administrator stated she was unaware of the wet floor on the 7th floor and that she would look into it and let the Director of Maintenance know. Class III	A 077		
A 078 SS=E	59A-36.010(2) FAC Staffing Standards - Staff	A 078		

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A 078	Continued From page 38 (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

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A 078	Continued From page 39 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that agency staff could perform their assigned duties at their level of education, training, preparation, and experience. The facility failed to have a contract between the facility and staffing agency staff specifically describing the services staff would provide to residents. Findings include: On . . . . . at 6:42 AM, when asked about the facility's census, Staff AQ, Agency Licensed Practical Nurse (LPN), stated, "I don't know exactly. This is literally my third shift." When	A 078		

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STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

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A 078	Continued From page 40 asked how many residents in the facility have , Staff AQ stated, "I don't know." Interviewed on at 6:44 AM, Staff AR, Agency Certified Nursing Assistant (CNA) who was observed on the fourth floor stated she was unaware of the facility's census on the floor she was working on. She further stated she usually worked on the memory care floor so she didn ' t know what of assistance the residents on the fourth floor needed. When asked if she received training, orientation or was informed of her job duties from the facility, Staff AR stated no. A review of the facility's job descriptions for agency staff showed five staff descriptions were completed the day requested from the facility. On . . . . . at 9:38 AM, when asked if there was a policy on orientation for staff, the Administrator stated, "I reached out to a couple of people, and there is no policy on orientation of . . . . . staff." Class III	A 078		
A 092 SS=L	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must	A 092		

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A 092	Continued From page 41 complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure that the Administrator and the Chef/Department Manager perform duties in a safe and sanitary manner. Residents were served food from a kitchen that had flooded with grey wastewater and in which it was observed to have live and [redacted] roaches. Furthermore, the kitchen was closed by the Health Department at the time of survey. Findings: Observations on [redacted] at approximately 8:05AM, revealed resident sitting in dining area eating breakfast.	A 092		

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A 092	Continued From page 42 Observation in the kitchen on . . . . . at approximately 8:15AM, revealed that food was being prepared and cooked, then served and placed plated food on a steel counter for the server to retrieve it. Further observation revealed a wet vacuum and an industrial floor dryer fan on the floor. Observation . . . . . at approximately 8:17AM, revealed members of the Health Department performing an inspection in the kitchen. At approximately 8:45AM on , during an interview with the Department of Health staff, it was stated that the kitchen had been shut down due to grey wastewater flooding the night before and residents were served breakfast from the kitchen without sanitization being done. A review of the definition of grey wastewater on the National Library of Medicine website, stated, "Inappropriate food handling in the kitchen and direct handling of contaminated food have been identified as sources of , ... such as . . . . . and . . . ." Further review on the National Library of Medicine about grey wastewater, stated, " and viruses have been detected in greywater with majority of the water originating from laundry sources." During an interview with Chef/Department manager on . . . . . at 10:16AM, he stated that the flooding had occurred the night before and had reported it to the Maintenance Director around 7:45PM on . Furthermore, he stated that the water had come from a backed-up sink, and they had used wet vacuums, mopped, and placed floor dryers to eliminate the water.	A 092		

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A 092	Continued From page 43 A further interview with Chef/Department Manager at 10:20AM on , he stated that they will be ordering sandwiches for lunch to give to the residents, when asked about the plan for feeding the residents in the facility. Moreover, when asked about the residents with special diets, he stated that he will be getting cans of puree from the storage to feed them with. A review of the census showed 146 residents resided in the facility at the time of the survey. Furthermore, an interview with Chef/Department Manager stated that two residents were on puree diet. Observations at 11:30AM on , a tour of the kitchen and emergency food storage revealed staff members cleaning the kitchen as well as cleaning the room where utensils were sanitized. Further observation revealed and live roaches on the floor and countertops where food had been prepared for breakfast earlier. At approximately 11:31 AM on , the Health Department staff reiterated that no food could be used from the kitchen or emergency food supply to serve the residents who required puree as it was contaminated by the grey wastewater. At 11:34AM on , the Health Department staff stated that the sanitizer machine was not at the correct temperature; therefore, not sanitizing the plates, utensils, and glass cups running through it. An interview with Chef/Department Manager and Maintenance Director on , at approximately 10:30AM, stated that they didn't know that the kitchen had to be sanitized before it	A 092		

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A 092	Continued From page 44 can be used again. Class I	A 092		
A 152 SS=L	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 45 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment for their total census of 147 residents. The facility kitchen was closed after wastewater backed up in the sink and several residents' rooms got flooded after a storm affected the area. Findings included: 1) On . , the Governor of the State of Florida issued Executive Order 24-115 when a broad area of low pressure, began moving across the Florida Peninsula producing severe weather, widespread heavy rainfall with totals of 10 to 15 inches, and consequential flooding across portions of South Florida. Additional heavy rain and thunderstorms were forecasted for South Florida for the next several days which would further exacerbate ongoing flood conditions over already , and metropolitan areas. On . . . . . at 9:47 AM, the health department informed that the facility kitchen had to be closed due to grey wastewater which had flooded food preparation areas the night before and again that morning during food service. On . . . . . at 11:24 AM, the department of health representatives said that after the flooding the kitchen had not been cleaned then sanitized prior to meals being prepared for residents. They	A 152		

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A 152	Continued From page 46 further stated that live and roaches were in plain view in the kitchen. Later that day, the department of health found that the kitchen's sanitizing washer was not functioning correctly and was therefore not reliably sanitizing the equipment. On at 11:31 AM, while mopping the floor in the dishwashing room, Staff AO (dietary staff) stated, "It was a lot of flooding here and in the kitchen." On at 11:36 AM, the Chef stated that there was flooding in the storage area where the canned food was stored, in the kitchen and in the dishwashing section. When asked what the facility planned on feeding the residents on a puree diet, the Chef stated that they picked up canned food stored in the storage area and stated they would be blending it for the residents. On at 11:37 AM, after the kitchen was closed, observation showed kitchen staff gathering food from the affected area which they planned to blend and serve to residents who required a puree diet. On at 11:37 AM, the department of health representatives had to inform again to the kitchen staff that none of the products could be used. They said that nothing could be used in the kitchen as it was shut down because all were contaminated and needed to be sanitized. On at 11:45 AM, the Maintenance Director confirmed that the kitchen had flooded twice; once on the evening of the 18th and once on the morning of the19th as breakfast was being served, and they stopped serving once the health	A 152		

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A 152	Continued From page 47 department told them to stop. The Maintenance Director explained that the flood came from the sink because it was clogged. Then, when he arrived at 9:00 AM the next day, he vacuumed into the sink to remove the clog. When he was asked why the flooding was not reported to the respective agencies, he stated, "If we handle it inhouse we don't report it." At 11:57 AM, regarding the roaches, the Maintenance Director stated that pest control would spray weekly, but the roaches had been there for a long time. He had complained to [pest control company] about the reoccurring roaches but they could not explain the source of it. 2) Additionally, on at 11:24 AM, the health department informed representatives from the Agency from Healthcare Administration that the facility had experienced flooding to several rooms (7) on floors 2, 6 and 7 during the storm the prior week. On approximately from 11:30 AM to 1:00 PM, observations throughout the facility and interviews with staff revealed that at least 13 rooms were affected. Final observations and interviews revealed that 19 residents (#31,41,42,43,44,45,46,47,48,49,50,51,52,53,54, 55,56,57,58) were affected on floors 2 through 7. On approximately from 11:30 AM to 1:00 PM, interviews with residents indicated that water came through the window where the air conditioning units were housed and pooled in the living room area beneath those windows, extending as far as six or seven . . , and in a few cases extended into bedrooms. On at 11:45 AM, when asked if she	A 152		

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A 152	Continued From page 48 reported the flooding to rooms from the storm to the agency, the Executive Director stated, "Was it supposed to be reported to [Agency]? Were we supposed to report on AIRS (Agency Incident Reporting System)?" On . . . . . at 12:16 PM, Resident #44's private aid stated that the whole living room was flooded during the rainstorm. The facility staff told her that it was coming from the air conditioner. Then, the maintenance staff used a wet vacuum to get rid of the water. On at 9:20 AM, during a second interview, the Executive Director stated that she did not know what the Health Facility Reporting System (HFRS) was. She further stated that she was not aware she was required to report on a daily basis and was just made aware that she needed to report to the Department of Health as well. On . . . . . at 10:55 AM, Resident #50 confirmed her room (#513) had flooded and stated, "Yes, that's why It looks a mess. I had to move some of my boxes because they got wet. The water was down to the front. I would say the water was like of the area. It also came to my bedroom." On . . . . . at 11:30 AM, Staff AJ (caregiver) stated that on the 7th floor, there was water damage in the hallway to the left when exiting the elevators. , she showed the paint on the wall had bubbles and when walking on the carpeted floor, water would reveal where it was stepped on. On at 11:32 AM, the Assistant Director of Nursing stated that her office located	A 152		

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A 152	Continued From page 49 on the 3rd floor had flooded, but she was not sure what other rooms flooded on the 3rd floor. On at 11:57 AM, the Maintenance Director stated that the day of the storm, they were in the facility until midnight and there was no overnight water in the apartments. They took care of it right then, and moped and vacuumed. He further stated that just learned that were supposed to report the flooding to the rooms. On at 1:47 PM, during a telephone interview, the Business Manager stated a water damage restoration company checked the flooded rooms and found elevated levels of moisture on the 21 total affected rooms. Class I	A 152		
A 160 SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. 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	A 160		

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A 160	Continued From page 50 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 [illegible]; 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 [illegible]. (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 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 [illegible]'s [illegible] or related [illegible], 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	A 160		

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A 160	Continued From page 51 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. (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	A 160		

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A 160	Continued From page 52 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log. Findings included: A review of facility' records revealed that Resident # 64 had been discharged to rehab and Residents # 65 and # 66 had been discharged home; the admission/discharge log had no date of discharge for those three residents. On at 8:13 AM during interview with Staff AN, when informed that the admission/discharge log was not completed, he stated, "Thanks for letting me know." Class III	A 160		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case	A 162		

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A 162	Continued From page 53 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, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.	A 162		

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	AL11965733	A. BUILDING: _____ B. WING _____	06/26/2024

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A 162	Continued From page 54 (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 recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but	A 162		

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A 162	Continued From page 55 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 observation, record review and interview, the facility failed to have an accurate health assessment for one out of 63 sampled residents (Resident # 40). Findings included: On at 6:54 AM observed Resident # 40 standing up from recliner and walking to his bed with assistance from his friend. He was very rigid and slow and wore adult briefs. A review of Resident # 40's health assessment completed on revealed that Resident # 40 had been diagnosed with , High ; he was independent with ambulation and transferring, supervision with toileting and assistance with bathing, eating and grooming. He had no at the	A 162		

Agency for Health Care Administration

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A 162	Continued From page 56 time. On . . . . at 9:36 AM the Director of Health Services (DOHS) stated that she had assessed Resident # 40 and observed that he had limited mobility, and that they had been told by staff that he needed more assistance with transferring and mobility and that she did not complete a new health assessment form 1823. Class III	A 162		

Agency for Health Care Administration

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CZ830 SS=I	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		

Agency for Health Care Administration

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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 observation, interview and record interview, the facility failed to notify the Agency for Health Care Administration on the Health Facility Reporting System of damage to their building during a state of emergency. Findings include: On . . . . . , the Governor of the State of Florida issued Executive Order 24-115, designating an emergency due to a broad area of low pressure that began moving across the Florida Peninsula. This produced severe weather, widespread heavy rainfall with totals of 10 to 15 inches, and consequential flooding across portions of South Florida. On at 11:24 AM, in an interview with health department representatives, they stated that the facility had experienced flooding to seven rooms on floors 2, 6 and 7 during the storm on . On at 11:45 AM, when asked if she reported the flooding of rooms from the storm to the agency, the Executive Director stated, "Was it supposed to be reported to [Agency]? Were we supposed to report on AIRS (Agency Incident Reporting System)?" On . . . . . at noon, when asked if there was any flooding on the floor she worked on, Staff L, Certified Nursing Assistant (CNA), stated, "I remember that . . , . . , and 623	CZ830		

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CZ830	Continued From page 3 were flooded." In an interview on at 12:02 PM, Resident #55 stated that had flooded the week before. Resident #55 said, "There was water that came inside from the A/C. It was when it was raining during the storm." On at 12:04 PM, when asked if she had flooding in , Resident #54 stated, "There was water coming from the A/C. It was raining that day. The water came down here, covering the floor. The staff came as soon as she could. She came to clean it up." In an interview on at 12:14 PM, when asked about the flooding in his , Resident #58 stated, "It was a considerable amount of water. It happened so fast, but it has happened more than once." On at 12:16 PM, Resident #44's private duty aid stated that the whole living room of was flooded during the rainstorm. The facility staff told her that it was coming from the air conditioner. On at 9:20 AM, during a second interview, the Executive Director stated that she did not know what the Health Facility Reporting System (HFRS) was. She further stated that she was unaware she was required to report daily and was just made aware that she needed to report to the Department of Health. In an interview on at 10:55 AM, Resident #50 confirmed that her had flooded the week before. Resident #50 looked around the room and stated, "That ' s why it looks like a mess. I had to move some of my boxes	CZ830		

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CZ830	Continued From page 4 because they got wet. The water was down to the front. I would say the water was covered about .. of the area. It also came by my bedroom." On ..... at 11:18 AM, Resident #56 stated that water was coming from the window in her .. ... and dripping down to the floor. She stated that it was so much water that she had to put down a towel that she had picked up the day before. In an interview with Resident #41 ' s private duty aide on ..... at 11:23 AM, she stated that .. had flooding. She said, "Whenever there is heavy rain, the floor floods from the A/C, but I put down a towel on the floor. On at 11:25 AM, Resident #57 ' s private duty aide stated, "Whenever there is heavy rain, her room floods with water. It was not only when it rained last week. The staff comes and vacuums it to dry it. But I make sure to lay towels so she doesn ' t .. or anything." In an interview on ..... at 11:30 AM, Staff AJ, CNA, stated the hallway to the left on the 7th floor had water damage. Observation on ..... at 11:32 AM showed bubbles in the paint on the walls and wet carpeting on the carpeted floor. On ..... at 11:34 AM, when asked about the flooding on the third floor, Staff AP, CNA, stated, "I know that .. ... were flooded." In an interview on at 11:48 AM, the Administrator stated she was unaware of the wet floor on the 7th floor and that she would look into	CZ830		

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CZ830	Continued From page 5 it and let the Director of Maintenance know. On [redacted] at 11:57 AM, the Maintenance Director stated that on the day of the storm, they were in the facility until midnight, and there was no overnight water in the apartments. They took care of it right then and moped and vacuumed. He further stated that he had just learned that we were supposed to report the flooding to the rooms. During a telephone interview on [redacted] at 1:47 PM, the Business Manager stated that a water damage restoration company checked the flooded rooms and found elevated levels of moisture in the 21 total affected rooms. Class II	CZ830		