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
	AL11969074	A. BUILDING: _____ B. WING _____	R 07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRED LIVING	1061 TOMYN BLVD OCOEE, FL 34761

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit to a re-licensure survey and to a complaint investigation (#2024005430) was conducted at Inspired Living on . The facility had uncorrected deficiencies at the time of the revisit.	{A 000}		
{A 008} SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made	{A 008}		

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{A 008}	Continued From page 1	{A 008}		

available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further,

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{A 008}	Continued From page 2 Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	{A 008}		

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{A 008}	Continued From page 3 in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).	{A 008}		

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{A 008}	Continued From page 4 (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record review and interview, the facility failed to ensure a health assessment form (1823) was complete to include the examiner's printed name, medical license number, telephone number and address for 1 of 9 sampled residents (#12.)	{A 008}		

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{A 008}	Continued From page 5 Findings: A review of resident #12's 1823 revealed it did not include the examiner's printed name, medical license number, telephone number and address. There was no documentation in the resident's record to indicate the facility contacted the examiner to obtain the omitted information. On at 4:40 pm, the finding was discussed with the health and wellness director, who said she was the person who reviewed the 1823's. She was not aware this one was incomplete. On at 4:49 pm, the health and wellness director said she thought a completed 1823 was in a pile of papers to be scanned in. She did not know where the pile of papers was to look. Class III	{A 008}		
{A 052} SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming	{A 052}		

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{A 052}	Continued From page 6	{A 052}		

that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.
(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .
(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(4) Assistance with self-administration of medication does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.

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{A 052}	Continued From page 7 (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally	{A 052}		

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{A 052}	Continued From page 8 advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed	{A 052}		

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{A 052}	Continued From page 9 in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's . . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on observations, record reviews and interviews, the facility failed to ensure 5 of 5 sampled residents (#7, #8, #12, #15, #16) were orally advised of the medication name and dosage when assisted with medications and failed to ensure the unlicensed caregiver (A) who assisted 1 of 1 sampled resident (#18) with a medication prepared the medication in the presence of the resident. Findings: 1. Resident #7's . . . . . 1823 indicated the resident needed assistance with self-administration of medications. Resident #8's . . . . . 1823 indicated the resident needed assistance with self-administration of medications. Resident #12's . . . . . 1823 indicated the resident needed assistance with self-administration of medications. Resident #15's . . . . . 1823 indicated the resident needed assistance with	{A 052}		

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{A 052}	Continued From page 10 self-administration of medications. Resident #16's ... 1823 indicated the resident needed assistance with self-administration of medications. On ... at 10:10 am, resident #15 said the staff did not always tell him what medications they were giving him. He said "I take 10+ pills. I guess they don't want to go down the list. If I ask, they'll tell me, but they don't know what it's for." On ..... at 11 am, resident #8 said staff did not tell her what medications they're giving her. She said they would if she asked them. She said, "they me the cup of five pills or whatever and I just take them." On ..... at 2 pm, resident #7 said the staff never tell her the name and dosage of her medications. She said the staff did not know what they were giving her. When she asked them, they said "it's here on the computer." On ..... at 2:24 pm, resident #12 said the staff did not tell her the name and dosage of her medications. On ..... at 2:35 pm, resident #16 said the staff did not tell him the name and dosage of his medications. The facility utilized unlicensed staff to assist with medications. 2. On at 11:15 am, unlicensed caregiver A was seen standing at the medication cart pouring liquid medication into a cup. She placed the medication bottle into the cart then locked it. She took only the cup of medicine	{A 052}		

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{A 052}	Continued From page 11 into resident #18's room. When asked why she did not pour the medication in front of the resident the caregiver replied that she first went in the room, told the resident what the medication was and asked the resident if she wanted to take it. The caregiver then returned to the cart and poured the medication. On . . . . . at 11:20 am, resident #18 was asked if the staff told her the name and dosage of medications they gave. The resident replied, "I know what it is, I'm a nurse." She said sometimes the staff brought the . . . . . into her room and sometimes she went down the hall to get it. She said when it was brought to her room it was always pre-poured in a cup. Class III	{A 052}		
{A 055} SS=D	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	{A 055}		

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{A 055}	Continued From page 12 facility must maintain a list of all medications 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,	{A 055}		

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{A 055}	Continued From page 13 or may be centrally stored by the facility for future 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: DEFICIENCY REMAINED UNCORRECTED Based on observation, record review and interviews, the facility failed to ensure a bottle of was centrally stored and not left in the room of 1 of 9 sampled residents who needed assistance with self-administration of medications (#15.)	{A 055}		

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	AL11969074	A. BUILDING: _____ B. WING _____	R 07/09/2024

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{A 055}	Continued From page 14 Findings: A review of resident #15's 1823 revealed the resident needed assistance with self-administration of medications. The resident's medical history included and low On at 10:10 am, a bottle of 200 milligram (mg) liquid-gels was seen on the resident's kitchen counter. The resident said he took the "whenever I hurt real bad." A review of the resident's Medication Observation Record (MOR) revealed the resident received 500 mg once daily and 50 mg twice daily as needed for . Neither the MOR nor the resident's record had an order for . The facility's medication policy, modified , did not address resident's storage of medications. On at 3:05 pm, the finding was discussed with the health and wellness director. Class III	{A 055}		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have	{A 078}		

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{A 078}	Continued From page 15 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 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	{A 078}		

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{A 078}	Continued From page 16 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: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation and experience by allowing unlicensed caregivers to prepare . . . . . for injection for 3 of 3 sampled residents (#14, #15, #16.) Findings: A review of resident #14's 1823 revealed the resident needed assistance with self-administration of medications. The resident's medical history included . . . . . type 2, ... dependence. The resident had a . . . . . and was forgetful. A review of resident #14's medications revealed he received . . . . 14 units three times daily after meals.	{A 078}		

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{A 078}	Continued From page 17 A review of resident #15's 1823 revealed the resident needed assistance with self-administration of medications. The resident's medical history included type 2. A review of resident #15's medications revealed he received Lispro , 7 units three times daily. A review of resident #16's 1823 revealed the resident needed assistance with self-administration of medications. The resident's medical history included type 2. A review of resident #16's medications revealed he received three times daily. On at 10:10 am, resident #15 said caregivers, not nurses, brought the to him and after the caregiver dialed it to the prescribed units, he self-injected the . When asked why the staff do it for him, he replied "I guess they prefer to do it." On at 11:05 am, resident #14 could not remember if he received . On at 11:15 am, unlicensed caregiver A said she assisted residents #14, #15 and #16 with by dialing the units on the , for them all. She said she did it for them because sometimes the residents over dialed the units and she wanted to make sure the dose was accurate. On at 12 pm, unlicensed caregiver H said she assisted residents #14, #15 and #16 by providing over to inject the if they needed help. She said the residents put the needle on the pen, dialed the units and injected the themselves. She said she then removed the needle and discarded it.	{A 078}		

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{A 078}	Continued From page 18 On at 1:30 pm, a review of the facility's plan of correction training that was dated and revealed the curriculum indicated " dial ." The health and wellness director said she and the memory care director, who was unlicensed, gave the training. She said she did not know "may dial " was part of the training and said she knew this information was wrong. On at 2:35 pm, resident #16 said most times the staff dialed the . He then checked it for accuracy. He believed it was supposed to be 6 units. He injected himself. On at 4:50 pm, the administrator said she did not realize the memory care director put "may dial " on the training material. She said she was aware the unlicensed caregivers were not allowed to dial the pens. As part of the facility's plan of correction the facility indicated that all individuals who assisted with medications would undergo documented observation quarterly to ensure they were practicing in compliance with state regulations. The facility's community health and wellness director and/or designee would ensure medication pass observations were completed. On at 5 pm, the health and wellness director said unlicensed caregivers A and H had not been observed during medication pass. A review of MORs revealed the following: Unlicensed caregiver A assisted resident #14 with on and . She assisted resident #15 on and .	{A 078}		

Agency for Health Care Administration

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{A 078}	Continued From page 19 Unlicensed caregiver H assisted residents #14 and #15 on . . , . . . and . . . Class III	{A 078}		