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
	AL11969878	A. BUILDING: _____ B. WING _____	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FAIRWAYS AT NAPLES	3053 AIRPORT PULLING RD NAPLES, FL 34105

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A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in	A 084		

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A 084	Continued From page 1 accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [illegible] dosage forms, and [illegible] and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with [illegible] syringes that are prefilled with the proper dosage by a pharmacist and [illegible] that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible] or manipulation of the [illegible] site; and,	A 084		

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A 084	Continued From page 2 n. Measurement of . . . . , ... , ... rate, temperature, and , , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that 1 (Staff D) of 4 staff reviewed, had adequate Medication Training and Updates as required for unlicensed staff.	A 084		

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A 084	Continued From page 3 The findings included: Record review of Medication Technician (MT) Staff D's employee file showed a hire date of . A review of the file showed documentation of completion of 4 hours of Assisting with Self-Administered Medication training, Medical Error Prevention & Root Cause Analysis dated and there was no documentation of the required 2-hour annual update. During an interview on at 4:50 p.m., the Executive Director acknowledged that there was no documentation of the required 6 hours of initial training or annual update within their employee file. Class III .	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - . . . (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding . . within 30 days after employment. (c) Training shall consist of the information	A 090		

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A 090	Continued From page 4 included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 3 (Director of Health and Wellness [DHW], Staff D, Staff E) of 4 staff reviewed, had the required 1 hour of in-service training on ( ). The findings included: Record review of the DHW's employee file showed a hire date of . Review of their file contained no documentation of the required training. Record review of Medication Technician Staff D's employee file showed a hire date of . Review of their file contained no documentation of the required training. Record review of Care Partner Staff E's employee file showed a hire date of . Review of their file contained no documentation of the required training. During an interview on at 4:50 p.m., the Executive Director acknowledged that the DHW, Staff D, and Staff E did not have the required training documentation within their employee files. Class III .	A 090		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening	CZ814		

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CZ814	Continued From page 5 Clearinghouse.- (2)(b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made. (d) An employer or a qualified entity participating in the clearinghouse must register with and	CZ814		

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CZ814	Continued From page 6 initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review, and staff interview, the facility failed to ensure 1 (Staff E) of 4 staff reviewed, had the required level 2 background screening for employment updated within 5 business days on the Agency's Background Screening Clearinghouse website. This has the potential for staff with disqualifying offenses to have access to adults. The findings included: Record review of the Clearinghouse Employee Roster indicated Staff E was hired on . Staff E was added to the roster on . On at 4:50 p.m., during an interview, the Executive Director acknowledged that Staff E was not added to the Clearinghouse within the required timeframe. Unclassified .	CZ814		

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A 000	Continued From page 7	A 000		
A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan, health facility reporting system, visitation form, and complaint survey for #2024004912 and #2024007679 was conducted on through at The Fairways, an assisted living facility in Naples, Florida. Complaint # 2024004912 was unsubstantiated. Complaint # 2024007679 was substantiated. The following is a description of the deficiencies. .	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	A 008		

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A 008	Continued From page 8 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 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.	A 008		

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A 008	Continued From page 9 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, 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 , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- 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 , , services required by the individual,	A 008		

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A 008	Continued From page 10 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 , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, 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	A 008		

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A 008	Continued From page 11 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). (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	A 008		

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A 008	Continued From page 12 admission. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to have a dated physical examination by a health care provider recorded on the resident Health Assessment Form 1823 for 1 (Resident #13) of 2 residents reviewed. The findings included: Record review for Resident #13 showed an admission date of . . . . . . Resident #13's health Assessment Form 1823 had no date of examination recorded on the form. On . . . . at 4:50 p.m., during an interview, the Executive Director acknowledged that Resident # 13 did not have the required date of examination on health Assessment Form 1823 and said they would be requesting updated information from the health care provider. Class III .	A 008		
A 052	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	A 052		

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A 052	Continued From page 13 labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (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.	A 052		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 052	Continued From page 14 (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of 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	A 052		

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	AL11969878	A. BUILDING: _____ B. WING _____	06/18/2024

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A 052	Continued From page 15 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (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.	A 052		

Agency for Health Care Administration

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A 052	Continued From page 16 (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure assistance with self-administration of medication was done according to regulations for 4 (Residents #11, #3, #17, and #15) of 6 residents reviewed. The facility failed to ensure staff sanitized prior to assisting with self-administration of medications and failed to orally advise the resident of the dose of medication. The findings included: Review of the staff schedule for the caregivers and Medication Technicians (MT) on revealed MT Staff F was assisting with medications on from 6:00 a.m. to 2:00 p.m. 1. a. The Health Assessment Form 1823 for Resident #11, dated , revealed Resident #11 required assistance with self-administration of medications. The diagnoses documented included with Behaviors; Major recurrent/severe. Record review revealed the physician ordered	A 052		

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A 052	Continued From page 17 , ... 0.5 milligrams (mg) take one tablet by . . . every 12 hours, since . Further the record documented a second physician order on for , 0.5 mg take 1 tablet by . . . every 12 hours as needed for . . . , . Review of Resident #11's Controlled Drug Receipt/Record/Disposition Form for the medication , ... Tab 0.5 milligrams (mg) by every 12 hours prn revealed the Medication Technician (MT) Staff F removed 1 tablet on at 1:00 p.m. A review of the MAR for . . . . . had no initials for "as needed" , . given on . . . . at 1:00 p.m. On at 11:49 a.m., MT Staff F said if Resident #11 needed a prn medication, she would call hospice first. She said if the hospice nurse says it is okay to give the , 0.5 mg prn dose, then she could give it. On . . . . at 5:12 p.m., during an interview, the Health and Wellness Director (HWD) said she was the only nurse working at the facility during and did not give Resident #11 the 1:00 p.m. prn dose of , ... on . . . . . . She said there was no signature sheet for MT Staff F, but the staff schedule showed MT Staff F was responsible for medications on from 6:00 a.m. to 2:00 p.m. The Medication Administration Record (MAR) for the morning medications on . . . . would indicate Staff F gave the 0.5 mg on . . . . at 8 a.m. The Control Drug sheet for , PRN was signed out at both 8 a.m. and 1:00 p.m. by MT Staff F. She said the MT Staff F is not qualified to give the prn medications.	A 052		

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A 052	Continued From page 18 b. The MAR for , revealed the order for , 0.5 mg twice daily at 8:00 a.m. and 5:00 p.m. Review of the , Controlled Drug sheet for , Tab 0.5 mg, take 1 tab by twice daily for , revealed the medication was given to Resident #11 at 6:40 a.m., on by MT Staff G. The medication was actually signed off by MT Staff G at 8:00 a.m. on the , MAR. The MAR revealed an order for , 0.5 mg every 8 hours prn for , or agitation. There were no prn doses signed out. On at 2:50 p.m., during a telephone interview, MT Staff G said she gave the , 0.5 mg to Resident #11 on at 6:40 a.m. She said she realized it was too early for the 8:00 a.m. dose but the private duty caregiver said she needed something for , so she gave her the 8:00 a.m. dose early at 6:40 a.m. and signed it off in the MAR for 8:00 a.m. 2. Record review of the Medication Administration Policy and Procedure Issued on included under "Procedure 6) Nurse/Medication Aide performs hygiene [before and after assisting with each resident's medication]" Record review of Resident #17's Health Assessment Form 1823 dated revealed the resident required assistance with medication self-administration. On at 12:04 p.m., MT Staff F was observed to assist with self-administration of medications for Resident #17. MT Staff F did not sanitize prior to assisting Resident #17 with	A 052		

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A 052	Continued From page 19 the medication. Staff F also did not orally advise Resident #17 of the dose of the medication as required by regulation. 3. Record review of Resident #3's Health Assessment Form 1823 dated revealed the resident required medication administration by a licensed staff. On at 12:12 p.m., MT Staff F was observed giving medications to Resident #3. Staff F spooned the medication she had added to applesauce directly into the resident's , which is only to be done by licensed staff. Staff F is not licensed to administer medications and did not orally advise the resident of the medication dose as required. 4. Record review of Resident #15's Health Assessment Form 1823 dated , revealed she required assistance with medication self-administration. Resident #15's diagnoses included , and mild On at 12:28 p.m., MT Staff F was observed to prepare 10 mg for Resident #15. Staff F added the medication to applesauce and was observed to spoon feed it to the resident in the dining room. Resident #15 did not assist during the medication self-administration. On at 12:26 p.m., during an interview, MT Staff F said sometimes residents will not take their medications, so she prepares the medicine in apple sauce and spoons it into their mouths. She said Residents #3 and #15 will not take their medication so she adds it to applesauce and spoon feeds it to them.	A 052		

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A 052	Continued From page 20 On at 5:12 p.m., during an interview, the Licensed Practical Nurse Health and Wellness Director (HWD) said the Medication Administration Records (MARS) dated ..... for Residents #17 and #15 incorrectly captured her initials (ED1) for the 12:00 p.m. scheduled medications. The HWD verified that MT Staff F gave the residents their medications on that day at 12:00 p.m. The HWD said she did not realize Resident #3 required medication administration by the licensed staff and the unlicensed MT had been administering the residents their medications. She said some of the residents cannot understand medications go in their mouths, so they spoon feed them. Class III .	A 052		
A 053	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	A 053		

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A 053	Continued From page 21 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 . . ˬ . . . 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 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 observation, interview, and record review, the facility failed to ensure medications were administered by a staff member licensed to administer medications for 3 residents (#3 and #14) of 6 reviewed. The findings included: Record review of the facility policy Medication Administration Issued ., revealed medication administration is completed by a licensed or appropriately trained staff. 1. The Health Assessment Form 1823 for Resident #3 dated revealed the resident required medication administration from licensed	A 053		

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A 053	Continued From page 22 staff. Record review of the Medication Administration Record (MAR) for Resident #3 dated revealed the unlicensed medication technician (MT) Staff F signed off for , 325 milligrams (mg) at 6:00 a.m.; , 5 mg at 8:00 a.m.; , 125 mg at 8:00 a.m.; , 10 mg at 8:00 a.m.; , 600 mg at 8:00 a.m., , 20 mg at 8:00 a.m.; , 1 gram at 8:00 a.m.; , 25 mg at 8:00 a.m.; , 0.25 mg at 8:00 a.m., and 8.6 mg at 8:00 a.m. On at 12:12 p.m., unlicensed MT Staff F was observed to have crushed 20 mg, placed the crushed medication in applesauce, and took the medication to Resident #3, and spoon fed the medication and applesauce combination directly to resident # 3. 2. The Health Assessment Form 1823 for Resident #14 dated revealed the resident required medication administration from licensed staff. Record review of the MARs for Resident #14 dated revealed the unlicensed MT Staff F signed off for , 250 mg at 8:00 a.m.; , 10 mg at 8:00 a.m.; / , 50 - 12.5 mg at 8:00 a.m.; 10 mg at 8:00 a.m.; , 25 mg at 8:00 a.m.; Ashwagandha 1400 mg at 8:00 a.m., and 0.4 mg at 8:00 a.m. On at 5:12 p.m., during an interview, the Licensed Practical Nurse (LPN)/Health and Wellness Director (HWD) verified MT Staff F was unlicensed and gave Resident #3's morning	A 053		

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A 053	Continued From page 23 medication on . . . . as well as the . . . . . at 12:00 p.m. She said her initials were captured in the 12:00 p.m. time slot for Resident #3's . , but only because the MT Staff F was using her laptop. The HWD confirmed the MT Staff F gave the medication to Resident #14 in the morning on . . . . She said she was not aware Resident #3 and #14 required medication administration by a licensed staff. She said Staff F is a MT and not licensed to administer medications. Class III .	A 053		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be	A 056		

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A 056	Continued From page 24 contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or	A 056		

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A 056	Continued From page 25 complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure physician orders were promptly recorded in the Medication Administration Record (MAR) for , and , new directions for , for 1 (Resident #11) of 6 resident records reviewed. The findings included: Record review of the Hospice Physician's order for Resident #11 revealed a new physician order for , . The physician order with an effective date of , read discontinue , 5 milligrams (mg) twice a day.	A 056		

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A 056	Continued From page 26 . . . . . , start . . . . . , . . 7.5 mg take one (1) tablet by 2 times daily for agitation. Review of the MAR's for , and . . . revealed the physician order to increase , from 5 mg to 7.5 mg did not start until . . . . . . On . . . . . at 2:03 p.m., during an interview, the Hospice Registered Nurse (RN) said she wrote the order in Resident #11's chart on . . . . . to increase , from 5 mg to 7.5 mg. On at 3:55 p.m., the Licensed Practical Nurse (LPN), Health and Wellness Director said it is her responsibility to transfer new orders to the MARs. She said she does not remember the order of , but it should have been increased. Class III	A 056		
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 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	A 078		

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A 078	Continued From page 27 examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to 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.	A 078		

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	AL11969878	A. BUILDING: _____ B. WING _____	06/18/2024

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A 078	Continued From page 28 (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure for 2 (Director of Health and Wellness [DHW], Staff D) of 4 staff reviewed, submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable within 30 days of employment. This has the potential to put a population at risk of developing communicable . The findings included: Record review of the DHW's employee file showed a hire date of . A review of the DHW's file contained documentation of a pre-employment (, ,) skin test which was read by a nurse on . It did not contain the required signed written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . Record review of Staff D, Medication Technician (MT) employee file showed a hire date of . Staff D's employee file contained documentation of a completed , on . The file contained documentation of a pre-employment (, ,) skin	A 078		

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A 078	Continued From page 29 test which was read by a nurse on . . . . . but did not contain the required written statement from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . within 30 days of employment. During an interview on . . . . . at 4:50 p.m., the Executive Director acknowledged that the required documentation of freedom from communicable was not in the employee file for the DHW or Staff D. Class III . .	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011(. .) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d).	A 081		

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A 081	Continued From page 30 (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility	A 081		

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A 081	Continued From page 31 administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training	A 081		

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A 081	Continued From page 32 within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure for 3 (Director of Health and Wellness [DHW], Staff D, and Staff E) of 4 staff reviewed, had completed facility specific training of 1 hour for Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting training. The findings included: Record review of DHW, Medication Technician (MT) Staff D, and Care Partner (CP) Staff E's	A 081		

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A 081	Continued From page 33 employee files showed a hire date of , , and , respectively. It contained no documentation of Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, Incident Reporting training. During an interview on at 4:50 p.m., the Executive Director acknowledged that there was no documentation of the required training in the DHW, MT Staff D, or CP Staff E's employee files. Class III . .	A 081		
A 082 SS=D	59A-36.011(4) FAC Training - / (4) . . / . . . . . (. . / . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 (Staff D) of 4 staff reviewed, completed the required and education course within 30 days of employment. The findings included:	A 082		

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A 082	Continued From page 34 Record review of Medication Technician (MT) Staff D's employee file showed a hire date of . Review of the file contained no documentation of completion of the required / training. During an interview on at 4:50 p.m., the Executive Director acknowledged that there was no documentation of the required training in MT Staff D's employee files. Class III .	A 082		