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
	AL11969328	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FABULOUS RESORT ALF LLC	1762 SE CARVALHO ST PORT SAINT LUCIE, FL 34983

(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 Unannounced Relicensure, Limited Mental Health, and Generator Monitoring surveys were conducted at Fabulous Resort ALF, LLC. on . . . . The facility had deficiencies at the time of the survey.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure accurate medication records for 1 of 4 resident medication observation records reviewed (Resident #1). The findings included: Resident #1 was admitted to the facility on with diagnoses which include . A review of Resident #1's medication observation record (MOR) shows an order for 0.1 mg every 6 hrs. "as needed" if is more than . The MOR shows staff who provide assistance with this resident's medication are initiating the each day, 2 times a day (7 AM and 6 PM). When reviewing the Resident's documented ( ) readings, it was noted that most all of Resident #1's readings were below . Staff C was asking on at 11:00 AM why staff are initiating the as being provided when Resident #1's was under ; Staff C stated that he and Staff A are initiating that the resident's is being checked, and the is only given if the resident's is over . It was discussed with Staff C at this time that staff should only be initialing on the MOR for the when this medication is provided. Class III	A 054		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders	A 056		

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A 056	Continued From page 2 (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 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	A 056		

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A 056	Continued From page 3	A 056		

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 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

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A 056	Continued From page 4 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 staff interview, the facility failed to notify the health care provider of 2 of 2 sampled residents, whose medication records were reviewed (Resident #1 and #2), regarding "as needed" medications being requested by the resident and given by staff on a routine basis. The findings included: 1) Resident #1 was admitted to the facility with a diagnosis of moderate . . . . . A review of Resident #1's medication orders revealed an "as needed" order for . . . . . 50 mg at bedtime as needed for calm/sleep. Resident #1's Medication Observation Record (MOR) showed that staff had initialed signifying that Resident #1 had received 50 mg of . . . . . every night from . . . . . till , even though the evening of (bedtime) had not yet arrived. Staff C stated on . . . . . at 11:00 AM, "[Resident #1] does get the every night because he requests it to help him sleep." It was determined that Staff C's initials on was in error; "I put the initials in the wrong spot." 2) Resident #2 was admitted with to the facility with a diagnosis of a of the L4 . A review of Resident #2's medication orders revealed an "as needed" order for , 600	A 056		

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A 056	Continued From page 5 mg 3 times a day to be taken with food or milk as needed for , . There were no limitations specified as to maximum dosage for the , . Resident #2's Medication Observation Record (MOR) showed that staff had initialed signifying that Resident #2 had received 600 mg 2 times a day (7 AM and 6 PM) every day from till at 7 AM. On at 2:00 PM, Staff C confirmed that Resident #1 and Resident #2's health care provider(s) had not been notified regarding the prn medications being requested and provided to Residents #1 and #2 on a routine, daily basis during the entire month of . Class III	A 056		
A 078	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 examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care	A 078		

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A 078	Continued From page 6 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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff	A 078		

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A 078	Continued From page 7 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 [redacted] 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 staff interview, the facility failed to ensure 1 of 3 sampled staff, whose records were reviewed, had evidence of a negative [redacted] ( ) examination completed on an annual basis (Staff A). The findings included: Staff A, a live-in caregiver whose hire date is [redacted], had received a negative exam on [redacted]. A exam must be completed annually. The [redacted] exam would have expired in [redacted] of 2024. Staff A had no documentation in her record showing evidence of a negative exam completed from [redacted] to the date of this survey ( ). On [redacted] at 2:00 PM, Staff C was informed that evidence of negative exam for 2024 was missing from Staff A's record, and he was provided an opportunity to produce the documentation. No further documentation was provided as of [redacted] at 1:00 PM. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52	A 081		

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A 081	Continued From page 8 (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). (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 081		

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A 081	Continued From page 9 (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 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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], 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	A 081		

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A 081	Continued From page 10 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 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	A 081		

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A 081	Continued From page 11 policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 1 of 2 sampled direct care staff, whose records were reviewed, had completed all the required in-service trainings within 30 days of hire (Staff A). The findings included: Staff A, a live-in caregiver who is not a certified home health aide or certified nursing assistant, was hired on . . . . . During the review of Staff A's employment record, no evidence could be found that this direct care staff had completed the required 3-hour in-service training within 30 days of hire that covered the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living (ADLs). On at 2:00 PM, Staff C was informed that evidence of Staff A's completion of the 3-hr ADL and Behavior training was missing from Staff A's record, and he was provided an opportunity to produce Staff A's training certificate. As of . . . . . at 1:00 PM, no documentation was provided showing completion of the training. Class	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and	A 083		

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A 083	Continued From page 12 (5) FIRST AID AND . . . . . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to: 1) ensure 1 of 2 sampled direct care staff, who stay alone with the residents had completed a course in First Aid and holds a currently valid card documenting completion of such course (Staff A); and 2) ensure 2 of 2 sampled direct care staff who stay alone with the residents completed a . . . . . (. .) certification course that required the student to demonstrate, in person, that he/she can perform , and which is issued by an instructor that is approved to provide . training (Staff A and Staff C).	A 083		

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A 083	Continued From page 13 The findings included: 1) Per record review, Staff A, a live-in caregiver who is not a licensed nurse, and who is frequently left alone with the residents during her shift. has not completed a course in First Aid and does not currently hold a valid certification card. 2) Per record review, Staff A completed an internet-based . class in . . . . of 2023. Staff C completed an internet-based . class in , of 2024. Per documentation, the class provided knowledge-based information on techniques; neither Staff A nor Staff C were provided the opportunity to demonstrate, in person, the ability to be able to perform . correctly. On at 11:00 AM, Staff C was informed of the missing First Aid Certification for Staff A and provided an opportunity to provide any documentation to show evidence that Staff A had completed the First Aid Course. Also, Staff C verified that the classes were completed on-line and in person demonstration regarding techniques was not a part of the internet-based course. It was discussed with Staff C that, although First Aid courses can be completed online, . coursed cannot. Staff C acknowledged that he understood this requirement. As of . . . . . at 1:00 PM, no verification of First Aid certification for Staff A was provided. Class III	A 083		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969328	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FABULOUS RESORT ALF LLC	1762 SE CARVALHO ST PORT SAINT LUCIE, FL 34983

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AL243	Continued From page 14	AL243		
AL243	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may	AL243		

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AL243	Continued From page 15 count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are	AL243		

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AL243	Continued From page 16 retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure: 1) three of 3 sampled direct care staff, whose records were reviewed, had received the initial 6 hours of required, approved specialized limited mental health trainings within 6 months of hire (Staff A) or within 6 months of attaining LMH license (Staff B and Staff C); The findings included: Per review of the facility's assisted living facility license, it was confirmed that this ALF also holds a specialized Limited Mental Health license. At the time of the survey on . . . . . , the facility did not have any LMH residents. 1) Per employee record review, Staff A is a direct-care, live-in staff member whose hire date is . There was no documentation showing Staff A had completed a 6-hour specialized, LMH training since her hire date. 2) Per employee record review, Staff B is the Administrator of the facility, and her hire date is . LMH license was renewed in the beginning of 2022. As of the last standard Relicensure survey in of 2022, it was noted that the facility had been re-issued an LMH license, but no specific date was recorded. There was no documentation showing that Staff B had completed the initial 6-hour specialized LMH training within 6 months of the relicensure in of 2022. 3) Per employee record review, Staff C is a direct	AL243		

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AL243	Continued From page 17 care live in staff member whose hire date is . LMH license was renewed in the beginning of 2022. As of the last standard Relicensure survey in of 2022, it was noted that the facility had been re-issued an LMH license, but no specific date was recorded. There was no documentation showing that Staff C had completed the initial 6-hour specialized LMH training within 6 months of the relicensure in of 2022.. On at 2:00 PM, Staff C was informed of the missing training documentation for himself and Staff A and Staff B which showed completion of the initial LMH trainings. Staff C was provided an opportunity to produce any of the missing training certificates. Staff C stated that he did not think the trainings were needed because they did not have any LMH residents in the facility, even though they held an LMH license. As of at 1:00 PM, no further documentation was provided showing completion of the trainings. Class	AL243		