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
	AL11967808	A. BUILDING: _____ B. WING _____	09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA MARGO VI INC	2820 SW 34 AVE MIAMI, FL 33133

(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening 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.	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and 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 interview the facility failed to obtain an updated background screening for employees that had a break in service of more than 90 days from a position that required screening for one out of five (Staff D) sampled staff. Findings included: A review of the background screening database showed that Staff D's last level II background screening was dated and the previous employment end date was . Further review showed that Staff D's hired date for the facility was and no updated background screening was completed. Interviewed on at 8:00 AM the Owner stated that she would obtain a new level II background screening for Staff D.	CZ814		

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CZ814	Continued From page 2 Unclassified	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ◡ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ◡ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ◡ , must be provided in electronic format. Screening results shall be reviewed by	CZ815		

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CZ815	Continued From page 3	CZ815		

the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.

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CZ815	Continued From page 4 (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing	CZ815		

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CZ815	Continued From page 5	CZ815		

agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.

(5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening.

(6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who:
1. Does not have an active professional license or certification from the Department of Health; or
2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification.
(b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice.

(7) The agency and the Department of Health

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CZ815	Continued From page 6 may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining ⌣ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select,	CZ815		

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CZ815	Continued From page 7 or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other	CZ815		

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CZ815	Continued From page 8 monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to obtain a level II background screening and maintain the employment status of for staff whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas for one out of five sampled (Person E) staff. Findings included: Observation on at 6:00 AM revealed that Person E, was alone at the facility with 5 residents. Interviewed on at 6:02 AM Person E stated that he was not a caregiver and he was a security guard. Person E stated he did not have an eligible background screening. A review of the facility's background screening clearinghouse database showed there was no	CZ815		

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CZ815	Continued From page 9 current eligible level II background screening completed for Person E. Interviewed on at 6:05 AM via telephone, when she was told that Person E did not have a eligible level II background screening completed, the Owner stated the facility was short staffed and Person E was covering for an absent staff member. Unclassified	CZ815		

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A 000	Initial Comments A complaint investigation survey (Complaint # 2024010104) was conducted at Villa Margo VI ALF on . Deficiencies were identified at the time of the survey.	A 000		
A 030 SS=I	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and . ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 2 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free	A 030		

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A 030	Continued From page 4 telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to	A 030		

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure residents live in a safe and decent living environment, free from and neglect and be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy for 5 out of 5 sampled residents (Resident #1, Resident #2, Resident #3, Resident #4 and Resident #5). Resident #1 was found with a strong odor of and the facility failed to provide care. Resident #1 was later	A 030		

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A 030	Continued From page 6 transferred to the hospital and diagnosed with , retention, , and . The facility also used the resident rooms/closets to store the facility supplies and staff medications inside. 1) Observation on at 5:55 AM showed an adult male answered the door. Person E (adult male) stated there were 5 residents on site. Person E denied that he was the Administrator, the Owner or a caregiver for the facility. He stated there was no staff onsite. When he was asked his name and position, he stated his name, and said, "I am the security guard." He provided a Florida Driver's license that identified his name and date of birth. Review of the background screening database showed Person E was not listed on the facility roster as an active employee. On at 6:00 AM entered the facility and smelled a distinctive odor of , throughout the resident common areas and in , that was occupied by Resident #1 and Resident # 2. Observed Resident #1 lying in bed, uncovered, wearing a brief, that appeared to be soiled and had a strong odor. Person E stated, "he [Resident #1] has problems. They [staff] will change him later." Person E stated he was not trained to care for the residents. Observation on at 6:05 AM showed Person E called someone via telephone and put the phone on speaker phone to include the agency representative in the conversation. The person on the other end of the phone identified herself as the Owner. The Owner stated the facility was short staffed and Person E was	A 030		

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covering for another staff member. The Owner was made aware Person E stated he was just a security guard and not trained to care for the residents. The Owner stated, " I understand. I am on my way there now."

Observation on at 6:37 AM showed the Owner arrived to the facility.

Observation on at 6:50 AM showed Staff C (caretaker) arrived to the facility.

Observation on at 7:20 AM showed that Resident #1 continued to be in his room, lying in bed, appeared to be asleep. A strong odor of continued to come from Resident #1, that was observed wearing an adult brief that appeared to be soiled.

Interviewed on at 7:35 AM Staff C (caregiver) stated that she would wake up Resident #1 at 8:00 AM to give his medications.

Observation on at 8:15 AM showed that Resident #1 continued to lay in bed, with a strong odor of . Observed Resident #1 not to receive care, for at least two and a half hours.

A review of Resident #1's health assessment dated showed a medical history and diagnoses of Hypertensive without , , adult , , legal , , high , , . Physical limitation section stated legal . Nursing service requirements indicated the Resident required assistance with activities of daily living. The activities of daily living section showed the Resident required assistance with all activities of daily living. The

Agency for Health Care Administration

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A 030	Continued From page 8	A 030		

medication section showed the resident needed assistance with self-administration of medications.

A review of the facility records dated showed Resident #1 was sent to Hospital on , for an evaluation.

A review of Resident #1's hospital record dated showed the resident was brought to the emergency department via ambulance presenting symptoms of , , , hesitancy to initiate , stream, of and , retention, and was admitted for further treatment and evaluation. Further review of the record revealed that the Resident was discharged from the hospital on with diagnoses of , retention, , , , and hypocalcemia.

According to the National Library of Medicine," Most residents have some combination of and physical that limit their ability to toilet and change their garments relying on assistance from nursing staff. Practice guidelines specify that a resident's soiled garments should be changed and cleansed in a timely fashion. Infrequent adult brief changes or inadequate cleansing of is believed to increase the vulnerability of skin damage due to , exposure."

A review of Resident #2's health assessment dated showed medical history and diagnoses of , , , , , , II, , , high , Flegels'

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A 030	Continued From page 9 and , . Physical limitation of gait imbalance. status section showed memory loss. precautions were indicated. Activities of daily living showed the Resident needed assistance with bathing and ; supervision with ambulation, eating, self-care, toileting and transferring. Medication section showed the resident needed assistance with self-administration of medication. A review of Resident #3's health assessment dated showed medical history and diagnoses of , high and , . Physical limitation showed gait imbalance. status showed memory loss. precautions were indicated. Activities of daily living section showed the Resident needed assistance with bathing, , self-care and toileting; supervision with ambulation, eating and transferring. Medication section shoed the resident needed assistance with self-administration of medication. A review of Resident #4's health assessment dated showed medical history and diagnoses of , high , high and wasting. Physical limitations showed none. status showed AAOX4 (Alert and oriented for time, place, self, and event) Nursing requirements showed supervision with activities of daily living. and precautions. Activities of daily living showed the Resident needed supervision with bathing, , eating and self-care. Diet instructions were mechanical soft, NAS(no added salt). The medication section showed the resident needed assistance with self-administration of	A 030		

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A 030	Continued From page 10 medication. A review of Resident 5's health assessment dated showed medical history and diagnoses of , high and , . Physical limitations showed none. status showed memory loss. Activities of daily living section showed the Resident needed assistance with bathing, and self-care and supervision with ambulation. The medication section showed the resident needed assistance with self-administration of medication. Interviewed on at 2:53 PM, when asked why there was a person onsite who identified himself as the security guard and stated he was not trained to care for the residents, The Administrator stated, "Because we needed a replacement, he was only there for a limited amount of time." A review of the facility's staffing schedule showed that Staff C(caregiver) was scheduled to work on from 7:00 AM to 7:00 PM and 7:00 PM to 7:00 AM, and on from 7:00 AM to 7:00 PM. Staff D (caregiver) was scheduled to work on and from 7:00 AM to 7:00 PM. Further review of the staffing schedule revealed that the Administrator would substitute for absent staff (Photographic evidence obtained). There was no documentation Person E was listed on the staffing schedule. 2) Observation on at 6:05 AM revealed unsecured prescription medications that belonged to a staff member stored inside the resident	A 030		

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A 030	Continued From page 11 closet in # , where Resident #1 and Resident #2 lived (Photographic evidence was obtained). Interviewed on at 6:07 AM Person E stated, "I don't know anything about medications, they was for an employee here." Observation on at 6:08 AM revealed that facility supplies were stored inside the closet in # where Resident #3 lived (Photographic evidence was obtained). Interviewed on at 8:10 am when she was advised about the facility supplies and the staff medications found inside the resident's rooms, the Owner stated that the items would be removed immediately. Class II	A 030		
A 052 SS=E	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 that the medication is intended for that resident,	A 052		

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A 052	Continued From page 12 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. (d) Administration of , preparations.	A 052		

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A 052	Continued From page 13 (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 advising the resident of the name and dosage of	A 052		

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A 052	Continued From page 14 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 in Section 429.256(4), F.S.	A 052		

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A 052	Continued From page 15 (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, record review and interview the facility failed to ensure staff follow the procedure outlined by the state when providing assistance with self-administration of medications for one out four (Staff C) sampled staff. Findings included: Observation on at 7:03 AM showed Staff C (caretaker) provider assistance with self-administration of medications for Resident #3. Observed Resident #3 lying in bed asleep and Staff C woke her up, removed the medications from the medication cards with her gloved and directly placed the medications inside the Resident's with her . Further observation showed that Staff C did not orally advised the Resident of the names or dosages of the medications. A review of Resident # 3's record showed no documentation of a signed waiver that the resident opt out of being orally advised of the names and dosage of the medications. Observation on at 7:05 AM showed that Staff C (caretaker) provide assistance with self-administration of medications for Resident	A 052		

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A	Continued From page 16 #5. Observed Staff C wearing gloves and removed the medications from the cards with her gloved , placed them in a cup, and gave the cup with medications to Resident # 5. Observed Staff C prompted the resident to assist with taking the medications, but the resident would not take the medications. Further observation showed that after several attempts by Staff C, and the Owner, the Resident raised the cup to his and swallowed the medications. Staff C did not orally advised the resident of the medications names and dosages. A review of Resident # 5's record showed no documentation of a signed waiver that the resident opt out of being orally advised of the names and dosage of the medications. Interviewed on at 7:16 AM Staff C stated that she had training on assistance with self-administration of medication. A review of Staff C's record showed documentation of 6 hours of training on assistance with self-administration of medication dated . Class III .	A 052		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label.	A 053		

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A 053	Continued From page 17 (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including 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, record review and interview the facility failed to ensure that only licensed staff administered medications to 1 out of 5 sampled residents (Resident #3). Findings included:	A 053		

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	AL11967808	A. BUILDING: _____ B. WING _____	09/04/2024

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A 053	Continued From page 18 Observation on at 7:03 AM showed that Resident #3 was asleep in her bed and Staff C woke her up, removed the medications from the medication cards with her gloved and directly placed the medications inside the Resident's . A review of Resident #3's record showed that she needed assistance with self-administration of medication. A review of Staff C's record showed documentation of 6 hours of training on assistance with self-administration of medication training dated . Further review of Staff C 's record showed no documentation that she was licensed to administer medication. Interviewed on at 7:15 AM Staff C stated," Yes, I have training on assistance with self-administration of medication" When she was asked if she was a nurse or if she was licensed to administer medications Staff C stated, "No, I am not a nurse. I am not licensed." Interviewed on at 7:16 AM the Owner stated that Staff C was not licensed to administer medications. Class III	A 053		
A 054 SS=F	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;	A 054		

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A 054	Continued From page 19 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 medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the medication observation record must be immediately updated each time the medication is offered or administered for one out of six (Resident #4) sampled residents. Findings Included:	A 054		

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A 054	Continued From page 20 On at 7:08 AM, observed Staff C (caretaker) provide assistance with self-administration of medications for Resident #4, At at 7:12 AM review of Resident #4 medication observation record showed the records were not not immediately signed as to indicate if the medications were offered or administered to the residents. Interviewed on at 7:15 AM, when advised that Resident #4 medication observation records were not signed after medication pass at 7:08 AM, Staff C (caretaker) stated she was nervous and she had the training on providing assistance with self-administration of medications. A review of Staff C's record showed documentation of 6 hours of training on assistance with self-administration of medication dated . A review of Resident #2's medication observation record showed that the following medications were not signed as being administered on . The medications included , (a , , , used to manage panic and ,), 25 mg at 12:00 pm and 7:00 PM, (treats type 2) 500 mg at 6:00 PM, rosuvastatin (treats high) 5 MG at 6:00 PM. A review of Resident #3's medication observation record showed that the following medications were not signed as being administered on . The medications include . (treats high ,) 5 mg 6:00 PM, (used to treat high ,) 50 mg at 6:00 PM, (treats ,) 50 mg at 6:00 PM, (used for sleep) 5 mg	A 054		

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A 054	Continued From page 21 at 7:00 PM. A review of Resident #4 medication observation records showed that the following medication were not signed as being administered on . The medications include (treats prostatic hyperplasia) 0.4 mg, . A review of Resident #5 medication observation records showed that the following medication were not signed as being administered on . The medications include , 25 mg at 6:00 PM, , , (treats)16 mg at 12 PM, 6:00 PM, . (treats) 30 mg at 6:00 PM. Class III	A 054		
A 055 SS=E	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if:	A 055		

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A 055	Continued From page 22 1. The facility administers the medication; 2. The resident requests central storage. The 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	A 055		

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A 055	Continued From page 23 has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that medications were kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times. Findings included:	A 055		

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A 055	Continued From page 24 Observation on at 6:05 AM revealed prescription and over the counter medications stored inside the closet in resident # . Observation revealed some of the medications were labeled for a staff member (Photographic evidence obtained). Further observation showed there were other unsecured medications that were not labeled inside a basket in the resident room (Photographic evidence was obtained). Interviewed on at 6:07 AM Person E stated, "I don't know anything about medications they was for an employee here." Observation on at 6:30 AM revealed a bottle of solution labeled for Resident #4 on top of a shelf inside an laundry closet with no door, on the patio and accessible to residents (Photographic evidence obtained). Interviewed on at 8:10 AM when she was advised of the medications that were found unsecured in the resident room and in the laundry room, the Owner stated that they would be removed immediately. Class III	A 055		
A 079 SS=F	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212	A 079		

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A 079	Continued From page 25 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. 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 of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the	A 079		

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A 079	Continued From page 26 course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007,	A 079		

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A 079	Continued From page 27 F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased	A 079		

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A 079	Continued From page 28 staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to have qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards for five out of five sampled residents (Residents #1, #2, #3, #4 and #5). The residents were found without a qualified caregiver on duty. The facility failed to ensure a staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must always be in the facility. Findings included: 1) Observation on at 5:55 AM showed an adult male answered the door. Person E (adult male) stated there were 5 residents on site. He	A 079		

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A 079	Continued From page 29	A 079		

denied that he was the Administrator, the Owner or a caregiver for the facility. He stated there was no staff onsite. When he was asked his name and position, he stated his name, and said, "I am the security guard."

Review of the background screening database showed Person E was not listed on the facility roster as an active employee.

On at 6:00 AM entered the facility and smelled a distinctive odor of , throughout the resident common areas and in , that was occupied by Resident #1 and Resident # 2. Observed Resident #1 lying in bed, uncovered, wearing a brief, that appeared to be soiled and had a strong odor. Person E stated, "he [Resident #1] has problems. They [staff] will change him later." Person E stated he was not trained to care for the residents.

Interviewed on at 6:05 AM via telephone the Owner stated that the facility was short staffed, and Person E was covering for an absent caregiver. When she was told that Person E stated he was not a staff member or a caregiver and stated he did not know how to provide care to residents, the Owner stated, she understood and was on her way to the facility.

A review of the facility's staffing schedule showed that Staff C(caregiver) was scheduled to work on from 7:00 AM to 7:00 PM and 7:00 PM to 7:00 AM, and on from 7:00 AM to 7:00 PM. Staff D (caregiver) was scheduled to work on and from 7:00 AM to 7:00 PM. Further review of the staffing schedule revealed that the Administrator would substitute for absent staff (Photographic evidence obtained).

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A 079	Continued From page 30 Interviewed on at 7:05 AM the Owner stated, "Staff D (caregiver) had to travel, and Staff C (caregiver) had family problems. We have been short staffed." Interviewed on at 2:53 PM, when asked why there was a person onsite who identified himself as the security guard and stated he was not trained to care for the residents, The Administrator stated, "Because we needed a replacement, he was only there for a limited amount of time." 2) Review of the resident records for Resident #1, #2, #3,#4, and #5 showed none of the residents had a Do Not Resicutate Order on file. A review of Resident #1's health assessment dated showed a medical history and diagnoses of Hypertensive without , adult , legal , , high , legal . Physical limitation section stated legal . Nursing service requirements indicated the Resident required assistance with activities of daily living. The activities of daily living section showed the Resident required assistance with all activities of daily living. The medication section showed the resident needed assistance with self-administration of medications. A review of Resident #2's health assessment dated showed medical history and diagnoses of ,	A 079		

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A 079	Continued From page 31 , , , II, , , high , Flegel's , and . Physical limitation of gait imbalance. status section showed memory loss. precautions were indicated. Activities of daily living showed the Resident needed assistance with bathing and ; supervision with ambulation, eating, self-care, toileting and transferring. Medication section showed the resident needed assistance with self-administration of medication. A review of Resident #3's health assessment dated showed medical history and diagnoses of , , , , high , , , and . Physical limitation showed gait imbalance. status showed memory loss. precautions were indicated. Activities of daily living section showed the Resident needed assistance with bathing, , self-care and toileting; supervision with ambulation, eating and transferring. Medication section shoed the resident needed assistance with self-administration of medication. A review of Resident #4's health assessment dated showed medical history and diagnoses of , , , , high , , , , , , , , , , , , , , , high and wasting. Physical limitations showed none. status showed AAOX4 (Alert and oriented for time, place, self, and event) Nursing requirements showed supervision with activities of daily living. and precautions. Activities of daily living showed the Resident needed supervision with	A 079		

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	AL11967808	A. BUILDING: _____ B. WING _____	09/04/2024

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A 079	Continued From page 32 bathing, ␣, eating and self-care. Diet instructions were mechanical soft, NAS (no added salt). The medication section showed the resident needed assistance with self-administration of medication. A review of Resident 5's health assessment dated ␣ showed medical history and diagnoses of ␣, high ␣ and ␣. Physical limitations showed none. ␣ status showed memory loss. Activities of daily living section showed the Resident needed assistance with bathing, ␣ and self-care and supervision with ambulation. The medication section showed the resident needed assistance with self-administration of medication. Interviewed on ␣ at 2:53 PM, when asked why there was a person onsite who identified himself as the security guard and stated he was not trained to care for the residents, The Administrator stated, "Because we needed a replacement, he was only there for a limited amount of time." Class III	A 079		
A 152 SS=F	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural,	A 152		

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A 152	Continued From page 33 mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide a safe living environment maintained free of hazards and ensure that all architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.	A 152		

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A 152	Continued From page 34 Findings included: Observation on at 6:15 AM showed in the resident common area, damaged linoleum flooring in the dining room and inside resident # underneath a loose area rug (Photographic evidence obtained). Observation on at 6:20 AM showed that the overhead light fixture was not operable in # where Resident # 4 and Resident #5 lived. Observation showed # was dark, and the light fixture flickered and would not turn on. Further observation revealed there was only one working table lamp and a second lamp was broken. Observation on at 6:35 AM showed that a bottle of bleach, a container of roach and ant insecticide, a bottle of liquid laundry soap and a bottle of the medication labeled to Resident #4 were inside an open laundry room that had no door, on the patio (Photographic evidence obtained). Further observation showed that the patio and laundry room was accessible to residents. Interviewed on at 8:10 am when she was advised about the facility unsecured supplies, the Owner stated that it would be removed immediately. Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records	A 162		

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A 162	Continued From page 35 must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ␣ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ␣ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their	A 162		

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A 162	Continued From page 36 representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.	A 162		

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A 162	Continued From page 37 (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure resident records were available on the premises for one out of five sampled residents (Resident #1) The facility also failed to maintain an accurate and up to date health assessment for one out of five sampled residents (Resident # 1)	A 162		

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A 162	Continued From page 38 Findings included: A review of the facility's resident records revealed no documentation of a resident record for Resident #1 was onsite. Interviewed on at 7:40 AM when asked for Resident #1's records, the Owner stated, "I have [Resident #1's] record but it is electronic, and I can't find the password." Interviewed on at 8:10 AM, when was asked again to provide Resident #1's record, the Owner stated that the record was not available. Interviewed via telephone on at 1:15 PM, when asked again to provide Resident #1's records the Owner stated that she would email the record. Class III	A 162		
A 200 SS=F	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the	A 200		

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A 200	Continued From page 39 assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the	A 200		

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A 200	Continued From page 40 type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the	A 200		

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A 200	Continued From page 41 alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm.	A 200		

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A 200	Continued From page 42 (2) SUBMISSION OF THE PLAN. (a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of	A 200		

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A 200	Continued From page 43 implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than , have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of and heat	A 200		

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A 200	Continued From page 44 injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its	A 200		

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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 200	Continued From page 45 comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to have a working monoxide alarm. Findings included: Observation on at 6:50 AM revealed that the facility did not have a monoxide alarm.	A 200		

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
	AL11967808	A. BUILDING: _____ B. WING _____	09/04/2024

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A 200	Continued From page 46 Interviewed on at 7:00 AM when she was asked if there was a monoxide alarm onsite, the Owner stated that there had been one installed in the living room, but it was taken away. Class III	A 200		