Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969878	A. BUILDING: _____ B. WING _____	10/12/2024

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

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A 000	Initial Comments An unannounced post storm assessment visit was conducted on through at The Fairways At Naples, an assisted living facility in Naples, Florida. The following is a description of the deficiencies found at the time of the visit. .	A 000		
A 030 SS=F	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,	A 030		

AHCA Form 3020-0001

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

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A 030	Continued From page 1	A 030		

1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and
. :
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules 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

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A 030	Continued From page 2 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at 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	A 030		

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A 030	Continued From page 3	A 030		

representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, 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

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A 030	Continued From page 4	A 030		

representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.

(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , 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

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A 030	Continued From page 5 retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observations, staff interviews, family interviews, and review of the facility's Comprehensive Emergency Management Plan (CEMP), the facility failed to ensure residents were maintained with the temperatures at or below 81 degrees Fahrenheit to ensure patient safety during and after a	A 030		

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A 030	Continued From page 6 hurricane emergency. The findings included: Review of facility's approved CEMP dated 11/6/23 documenting review of facility submitted plan to address emergency situations. CEMP included facility areas identified that were to be maintained below 81 degrees, up to 60 residents to be maintained in the cool zone area below 81 degrees, ˳ thermometers to be used to monitor facility temperature when on generator power, and equipment which will be used to cool environment HVAC RTU2 (heating, , air conditioning roof top unit). CEMP identified Regional Vice President (VP) of Operations as facility director. On at 5:45 p.m., surveyors arrived at the facility for post storm assessment visit. The facility is a secure memory care center. Current staffing at entrance included 1 medication tech and 4 caregivers. Medication Tech (MT) Staff A confirmed she was in charge and would call the administrator since she had left at 5:00 p.m. Staff A confirmed that the facility was on generator and that she did not really know anything about the generator. On at 6:00 p.m., while touring the facility MT Staff A, confirmed the temperature in the building was warmer than usual. Confirmed the generator does not run the air conditioning at the facility. Staff A was not aware of any designated cool zones or additional monitoring for the residents since the air conditioning was not working. This surveyor observed the facility environment felt warm, and temperature was checked with hygro-thermometer showing 82 degrees in hall, 81.6 degrees in common area,	A 030		

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A 030	Continued From page 7 81.8 degrees in television room and 83.2 degrees in resident . Elevated room temperatures was verified by MT Staff A. All areas of facility checked with hygro-thermometer with results between 81 and 83 degrees throughout. On at 6:15 p.m., during an interview with MT Staff A she confirmed it had been hotter in the facility earlier in the day. Staff A said the facility had not provided any fans, that everyone was aware the generator did not work on the air conditioning, she did not know how to check the temperature of the environment and did not know how to work the thermostats. She confirmed the administrator knew the facility was hot and she did not receive additional instructions on what to do about the elevated room temperatures. On at 6:30 p.m., during an interview, Caregiver Staff B was in the common area which held 7 residents. Staff B said, "It is hot in here. It is usually cooler." Staff B was observed to be visibly sweating on her forehead. Staff B said she did not know of any plan for keeping the residents cool while they did not have air conditioning. Staff B said they were told to keep the residents in the common areas. Temperature in the room measured 81.5 degrees at the time of interview. On at 6:45 p.m., the facility maintenance director was observed to arrived at the facility. During an interview, the Maintenance Director (MD) confirmed the facility did not have any designated cool zones for when on generator. The MD confirmed that he and the VP of Operations were aware that the generator did not support the air conditioner at the facility, prior to the storm. The MD confirmed he had not reviewed the CEMP and had not done any	A 030		

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A 030	Continued From page 8 environmental temperature monitoring while the facility had been on generator. On at 7:15 p.m., during an interview, the VP of Operations confirmed she knew the generator did not support the air conditioner at the facility prior to the storm. The VPO stated, "We really thought the power would be on." The VP of Operations confirmed the leadership did not designate any cool zones; did not monitor the temperature in the facility; and did not provide fans to circulate air. The VP of Operations was unable to provide documentation of staff education for monitoring residents for overheating and confirmed that many parts of the CEMP were not accurate or implemented during the emergency. Saying, "I am not the one who submitted it (CEMP) and I am not here all of the time." On at 1:00 p.m., during an interview, the spouse of Resident #3 said he was glad the surveyors were at the facility. "It was very hot in here. I was on the verge of taking her somewhere else. I just didn't know where. It was too hot." Class III	A 030		
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	A 200		

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A 200	Continued From page 9 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 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	A 200		

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A 200	Continued From page 10 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 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.	A 200		

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A 200	Continued From page 11 (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 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	A 200		

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A 200	Continued From page 12 alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (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	A 200		

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A 200	Continued From page 13 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 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	A 200		

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	AL11969878	A. BUILDING: _____ B. WING _____	10/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 200	Continued From page 14 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 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	A 200		

Agency for Health Care Administration

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A 200	Continued From page 15 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 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 interviews, observations, and records review, the facility failed to implement and follow the approved Comprehensive Management Plan (CEMP) during and following a hurricane emergency. The facility failed to ensure the	A 200		

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A 200	Continued From page 16 temperatures were maintained at or below 81 degrees Fahrenheit to ensure patient safety. The findings included: Review of facility's approved CEMP dated documenting review of facility submitted plan to address emergency situations. CEMP included facility areas identified that were to be maintained below 81 degrees, up to 60 residents to be maintained in the cool zone area below 81 degrees, thermometers to be used to monitor facility temperature when on generator power, and equipment which will be used to cool environment HVAC RTU2 (heating, , air conditioning roof top unit). CEMP identified Regional Vice President (VP) of Operations as facility director. On at 5:45 p.m., surveyors arrived at the facility for post storm assessment visit. The facility is a secure memory care center. Current staffing at entrance included 1 medication tech and 4 caregivers. Medication Tech (MT), Staff A confirmed she was in charge and would call the administrator since she had left at 5:00 p.m. Staff A confirmed that the facility was on generator and that she did not really know anything about the generator. On at 6:00 p.m., while touring the facility MT, Staff A, confirmed the temperature in the building was warmer than usual. Confirmed the generator does not run the air conditioning at the facility. Staff A was not aware of any designated cool zones or additional monitoring for the residents since the air conditioning was not working. This surveyor observed the facility environment felt warm, and temperature was	A 200		

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A 200	Continued From page 17 checked with hygro-thermometer showing 82 degrees in hall, 81.6 degrees in common area, 81.8 degrees in television room and 83.2 degrees in resident . Elevated room temperatures was verified by MT Staff A. All areas of facility checked with hygro-thermometer with results between 81 and 83 degrees throughout. On at 6:15 p.m., during an interview with MT Staff A she confirmed it had been hotter in the facility earlier in the day. Staff A said the facility had not provided any fans, that everyone was aware the generator did not work on the air conditioning, she did not know how to check the temperature of the environment and did not know how to work the thermostats. Confirmed, the administrator knew the facility was hot and she did not receive additional instructions on what to do about the elevated room temperatures. On at 6:30 p.m., during an interview Caregiver Staff B in common area holding 7 residents Staff B said "It is hot in here. It is usually cooler." Staff B observed to be visibly sweating on her forehead. Staff B said she did not know of any plan for keeping the residents cool while they did not have air conditioning. Staff B said they were told to keep the residents in the common areas. Temperature in the room measured 81.5 degrees at the time of interview. On at 6:45 p.m., the facility maintenance director arrived at the facility. During an interview the Maintenance Director confirmed the facility did not have any designated cool zones for when on generator. Confirmed that he and the VP of Operations were aware that the generator did not support the air conditioner at the facility prior to the storm. Confirmed he had not reviewed the	A 200		

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A 200	Continued From page 18 CEMP and had not done any environmental temperature monitoring while the facility has been on generator. On at 7:15 p.m., the VP of Operations interviewed who confirmed she knew the generator did not support the air conditioner at the facility prior to the storm. "We really thought the power would be on." The VP of Operations confirmed the leadership did not designate any cool zones, did not monitor the temperature in the facility and did not provide fans to circulate air. The VP of Operations was unable to provide documentation of staff education for monitoring residents for overheating and confirmed that many parts of the CEMP were not accurate or implemented during the emergency. Saying, "I am not the one who submitted it (CEMP) and I am not here all of the time." On at 1:00 p.m., during an interview with the spouse of Resident #3 said he was glad the surveyors were at the facility. "It was very hot in here. I was on the verge of taking her somewhere else. I just didn't know where. It was too hot." Class III	A 200		