

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969874</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/22/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PROVIDENCE LIVING AT MAITLAND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 N MAITLAND AVE</b><br><b>MAITLAND, FL 32751</b>                          |                          |                                                                    |
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| {A 000}                                                                  | Initial Comments<br><br>A revisit to a Limited Nursing Service (LNS) monitoring visit was conducted at Providence Living at Maitland on . The facility had uncorrected deficiencies at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | {A 000}                                                                        |                                                                                                                          |                          |                                                                    |
| {A 054}<br>SS=D                                                          | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.<br>(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:<br>1. The name of the resident and any known the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(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. | {A 054}                                                                        |                                                                                                                          |                          |                                                                    |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Agency for Health Care Administration

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| {A 054}                                                                  | <p>Continued From page 1</p> <p>This Statute or Rule is not met as evidenced by:<br/><b>DEFICIENCY REMAINED UNCORRECTED</b></p> <p>Based on record reviews and interviews, the facility failed to ensure a medication observation record (MOR) was immediately updated each time the medication was offered or administered to 3 of 4 sampled residents (#1, #2, #4.)</p> <p>Findings:</p> <p>A review of resident #1's MOR revealed a dash ("-"), did not administer (DNA) and did not give (DNG) were documented on</p> <p>A review of resident #2's MOR revealed "-" was documented on and</p> <p>A review of resident #4's MOR revealed "-", DNA and DNG were documented on and</p> <p>There was no documentation on the MORs or in each resident's record to explain why the medications were not signed as given.</p> <p>On at 10:13 am, the findings were discussed with the director of nursing (DON.)</p> <p>On at 11:45 am, the assistant director of nursing (ADON) said a "-" meant the MOR just was not signed.</p> <p>Class III</p> | {A 054}                                                                        |                                                                                                                          |  |                                                                    |

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

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| {A 084}                                                                  | Continued From page 3<br><br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in<br>accordance with section 429.256, F.S., and rule<br>59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, _____ dosage<br>forms, and _____, and _____<br>dosage forms;<br>b. Measure liquid medications, break scored<br>tablets, and crush tablets in accordance with<br>prescription directions;<br>c. Recognize the need to obtain clarification of an<br>"as needed" prescription order;<br>d. Recognize a medication order which requires<br>judgment or discretion, and to advise the<br>resident, resident's health care provider or facility<br>employer of inability to assist in the administration<br>of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse<br>reactions to medications and report such<br>reactions;<br>h. Assist residents with _____ syringes that are<br>prefilled with the proper dosage by a pharmacist<br>and _____ that are prefilled by the<br>manufacturer by taking the medication, in its<br>previously dispensed, properly labeled container,<br>from where it is stored, and bringing it to the<br>resident for self-injection;<br>i. Assist with _____;<br>j. Use a _____ to perform _____<br>testing;<br>k. Assist residents with _____<br>and continuous positive airway pressure (CPAP)<br>devices, excluding the titration of the _____<br>levels;<br>l. Apply and remove _____ stockings and<br>hosiery;<br>m. Placement and removal of _____, _____ bags, | {A 084}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 084}                                                                  | <p>Continued From page 4</p> <p>excluding the removal of the _____ or<br/>manipulation of the _____ site; and,<br/>n. Measurement of _____ rate,<br/>temperature, and _____ rate.</p> <p>(c) Unlicensed persons, as defined in section<br/>429.256(1)(b), F.S., who provide assistance with<br/>self-administered medications and have<br/>successfully completed the initial 6 hour training,<br/>must obtain, annually, a minimum of 2 hours of<br/>continuing education training on providing<br/>assistance with self-administered medications<br/>and safe medication practices in an assisted<br/>living facility. The 2 hours of continuing education<br/>training may be provided online.</p> <p>(d) Trained unlicensed staff who, prior to the<br/>effective date of this rule, assist with the<br/>self-administration of medication and have<br/>successfully completed 4 hours of assistance<br/>with self-administration of medication training<br/>must complete an additional 2 hours of training<br/>that focuses on the topics listed in<br/>sub-subparagraphs (6)(b)2.h.-n. of this section,<br/>before assisting with the self-administration of<br/>medication procedures listed in<br/>sub-subparagraphs (6)(b)2.h.-n.</p> <p>429.52</p> <p>(6) Staff assisting with the self-administration of<br/>medications under s. 429.256 must complete a<br/>minimum of 6 additional hours of training<br/>provided by a registered nurse or a licensed<br/>pharmacist before providing assistance. Two<br/>hours of continuing education are required<br/>annually thereafter. The agency shall establish by<br/>rule the minimum requirements of this training</p> <p>This Statute or Rule is not met as evidenced by:<br/>DEFICIENCY REMAINED UNCORRECTED</p> | {A 084}                                                                                   |                                                                                                                          |  |                                                                    |

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| {A 084}                                                                  | <p>Continued From page 5</p> <p>Based on personnel record reviews and interviews, the facility failed to ensure 1 of 4 unlicensed caregivers (H) who provided assistance with self-administered medications obtained a minimum of 6 hours of training provided by a registered nurse or a licensed pharmacist before providing assistance.</p> <p>Findings:</p> <p>A review of unlicensed caregiver H's personnel record revealed there was no documentation to indicate the caregiver obtained a minimum of 6 hours of training on providing assistance with self-administered medications.</p> <p>On                    at 10:05 am, the finding was discussed with the human resource director.</p> <p>On                    at 11:35 am, the DON said she asked the pharmacy for a copy of the caregiver's training, but the pharmacy staff was in a meeting.</p> <p>A review of resident #1's, #2's, #3's and #4's MOR revealed unlicensed caregiver H gave resident's #1 and #3 medications on                    and                    and resident's #2 and #4 on                    .</p> <p>Class III</p> | {A 084}                                                                        |                                                                                                                          |  |                                                                    |
| {A 167}<br>SS=D                                                          | <p>59A-36.018 FAC; 429.24 FS Resident Contracts</p> <p>59A-36.018 Resident Contracts.</p> <p>(1) Pursuant to section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident's legal representative before or at the time of admission. The contract must contain the following provisions:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {A 167}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 167}                                                                  | Continued From page 6<br><br>(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive;<br>(b) The daily, weekly, or monthly rate;<br>(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract;<br>(d) A provision stating that at least 30 days written notice will be given before any rate increase;<br>(e) Any rights, duties, or _____ of residents, other than those specified in section 429.28, F.S.;<br>(f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments;<br>(g) A refund policy that must conform to section 429.24(3), F.S.;<br>(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or _____ facility. The resident or responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident's behalf;<br>(i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; | {A 167}                                                                        |                                                                                                                          |                          |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969874</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>10/22/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PROVIDENCE LIVING AT MAITLAND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 N MAITLAND AVE<br/>MAITLAND, FL 32751</b>                                |                          |                                                                    |
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| {A 167}                                                                  | <p>Continued From page 7</p> <p>(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in section 429.26(8), F.S., will take effect;</p> <p>(k) A provision that residents must be assessed upon admission pursuant to subsection 59A-36.006(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;</p> <p>(l) The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to rule 59A-36.008, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and,</p> <p>(m) The facility's policies and procedures related to a properly executed DH Form 1896,</p> <p>(2) The resident, or the resident's representative, must be provided with a copy of the executed contract.</p> <p>(3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident's representative must be furnished in advance with an itemized</p> | {A 167}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 167}                                                                  | <p>Continued From page 8</p> <p>written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident's legal representative and a copy given to the resident or resident's representative.</p> <p>429.24 FS</p> <p>(1) The presence of each resident in a facility shall be covered by a contract, executed at the time of admission or prior thereto, between the licensee and the resident or his or her designee or legal representative. Each party to the contract shall be provided with a duplicate original thereof, and the licensee shall keep on file in the facility all such contracts. The licensee may not destroy or otherwise dispose of any such contract until 5 years after its expiration.</p> <p>(2) Each contract must contain express provisions specifically setting forth the services and accommodations to be provided by the facility; the rates or charges; provision for at least 30 days' written notice of a rate increase; the rights, duties, and _____ of the residents, other than those specified in s. 429.28; and other matters that the parties deem appropriate. A new service or accommodation added to, or implemented in, a resident's contract for which the resident was not previously charged does not require a 30-day written notice of a rate increase. Whenever money is deposited or advanced by a resident in a contract as security for performance of the contract agreement or as advance rent for other than the next immediate rental period:</p> | {A 167}                                                                        |                                                                                                                          |                          |                                                                    |

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| {A 167}                                                                  | <p>Continued From page 9</p> <p>(a) Such funds shall be deposited in a banking institution in this state that is located, if possible, in the same community in which the facility is located; shall be kept separate from the funds and property of the facility; may not be represented as part of the assets of the facility on financial statements; and shall be used, or otherwise expended, only for the account of the resident.</p> <p>(b) The licensee shall, within 30 days of receipt of advance rent or a security deposit, notify the resident or residents in writing of the manner in which the licensee is holding the advance rent or security deposit and state the name and address of the depository where the moneys are being held. The licensee shall notify residents of the facility's policy on advance deposits.</p> <p>(3)(a) The contract shall include a refund policy to be implemented at the time of a resident's transfer, discharge, or . . . .</p> <p>(b) If a licensee agrees to reserve a bed for a resident who is admitted to a medical facility, including, but not limited to, a nursing home, health care facility, or , , , facility, the resident or his or her responsible party shall notify the licensee of any change in status that would prevent the resident from returning to the facility. Until such notice is received, the agreed-upon daily rate may be charged by the licensee.</p> <p>(c) The purpose of any advance payment and a refund policy for such payment, including any advance payment for housing, meals, or personal services, shall be covered in the contract.</p> <p>(4) The contract shall state whether or not the facility is affiliated with any religious organization and, if so, which organization and its general responsibility to the facility.</p> | {A 167}                                                                        |                                                                                                                          |  |                                                                    |

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| {A 167}                                                                  | <p>Continued From page 10</p> <p>(5) Neither the contract nor any provision thereof relieves any licensee of any requirement or _____ imposed upon it by this part or rules adopted under this part.</p> <p>(6) In lieu of the provisions of this section, facilities certified under chapter 651 shall comply with the requirements of s. 651.055.</p> <p>(7) Notwithstanding the provisions of this section, facilities which consist of 60 or more apartments may require refund policies and termination notices in accordance with the provisions of part II of chapter 83, provided that the lease is terminated automatically without financial penalty in the event of a resident's _____ or relocation due to _____ hospitalization or to medical reasons which necessitate services or care beyond which the facility is licensed to provide. The date of termination in such instances shall be the date the unit is fully vacated. A lease may be substituted for the contract if it meets the disclosure requirements of this section. For the purpose of this section, the term "apartment" means a room or set of rooms with a kitchen or kitchenette and lavatory located within one or more buildings containing other similar or like residential units.</p> <p>This Statute or Rule is not met as evidenced by:<br/>DEFICIENCY REMAINED UNCORRECTED</p> <p>Based on record reviews and interview, the facility failed to ensure the residency agreement for 4 of 4 sampled residents (#1, #2, #3, #4) listed the specific Limited Nursing Service (LNS) services, supplies and accommodations to be provided by the facility to the residents.</p> | {A 167}                                                                                         |                                                                                                                          |                                                                    |

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| {A 167}                                                                  | <p>Continued From page 11</p> <p>Findings:</p> <p>A review of resident #1's _____, resident #2's _____, resident #3's _____ and resident #4's _____ residency agreement revealed none of them listed the specific LNS services, supplies and accommodations to be provided by the facility to the resident.</p> <p>On _____ at 10:15 am, the community _____ confirmed the findings' then said corporate was working on an LNS services addendum to add to the agreements.</p> <p>Class III</p> | {A 167}                                                                                         |                                                                                                                          |                                                                    |