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
	AL11967874	A. BUILDING: _____ B. WING _____	10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	1130 7 AVENUE VERO BEACH, FL 32960

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint (2023018208, 2024007805, and 2024013847) and a Generator Monitoring survey was conducted at Angel Care at Vero Beach Inc. on . The facility had deficiencies related to the Relicensure and Complaint number 2024013847 at the time of the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident,	A 025		

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A 025	Continued From page 1 including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to have personal supervision sufficient for the needs of 1 of 6 residents (Resident #2). The findings included: Resident #2 was admitted to the facility on with diagnoses which include with Agitation, , and unsteady gait. Per AHCA Form 1823 (Health Assessment) completed on , Resident #2 requires	A 025		

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A 025	Continued From page 2	A 025		

supervision with ambulation, , and grooming. It is documented on this form that Resident #2 is Independent with eating, toileting, and transferring,

On at 11:52 AM, Resident #2 is observed sitting in a recliner in the TV room. The two staff on duty were in other areas of the facility attending to other tasks. Resident #2 is observed getting up out of his chair and taking several steps forward towards the front of the room by the television. The Residents stops in front of the television, begins to sway and forth, stumbles backward several steps, loses his balance and backward. The Resident lands on his and hits the of his on the front, padded area of one of the recliners. Staff immediately arrive and calm the resident, and they assist him up off the floor and into a wheelchair that was placed nearby.

As soon as Resident #2 was assessed by staff, Hospice was notified regarding the resident's . Resident #2 is moved to a recliner and instructed to stay seated and rest. Resident #2 kept attempting to get up and walk away from his chair. One of the staff needed to sit next to the resident to re-direct him from getting up, or to walk beside him, holding onto his arm, to prevent him from falling. Resident #2 was not able to be left unattended due to his inability to follow directions or make appropriate decisions for his safety. The Hospice nurse arrived on at 2:30 PM to evaluate the resident and determine there were no outward signs of injury because of the .

On at 2:25 PM, the owner and live-in caregiver (Staff C) stated, "[Resident #2] is not really appropriate for our facility. I have talked to

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A 025	Continued From page 3 his wife and told her that he needs a higher level of care. He needs to go to a memory care unit or nursing home, and I contacted a couple of facilities that would take him, but his wife said she can't afford to move him. He needs 1 on 1 supervision. I have also contacted Hospice to see if they can send someone to provide extra supervision for him, but I haven't heard anything regarding this request." On at 3:00 PM, the 2nd caregiver (Staff B) left the facility. Staff C was the only staff available to assist all the residents at this time. Staff C was asked for a plan on how the facility was going to provide the appropriate supervision to Resident #2 to prevent future /injuries. Staff C failed to provide any plan for the appropriate supervision for Resident #2. Level III	A 025		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of	A 026		

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A 026	Continued From page 4 communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed to provide on-going activities in keeping with each resident's needs, ability and interests. This affected 6 of the 6 residents. The findings included: During the relicensure survey on , there were no scheduled activities observed being provided for the 6 residents currently residing in the facility from 9:00 AM to 3:30 PM. During this time, the only activity available to the residents was movies playing on the television. Residents #1, #3, #4, #5, and #6 were interviewed regarding activities, and each of them	A 026		

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A 026	Continued From page 5 stated that there really wasn't anything to do other than watch TV. Resident #6 did say he wasn't interested in participating in any group activity, but he did enjoy watching his TV, but it wasn't working, so he wasn't able to watch it. During an observational tour on at 9:05 AM and 2:00 PM, a posted activity calendar could not be located within the facility. A copy of the activity calendar was requested from Staff C during the survey and via email the day after the survey ( ); However, no activity calendar was provided. Class III	A 026		
A 030	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	A 030		

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A 030	Continued From page 6 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. (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.	A 030		

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A 030	Continued From page 7 (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. 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	A 030		

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A 030	Continued From page 8 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. (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	A 030		

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A 030	Continued From page 9 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 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	A 030		

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A 030	Continued From page 10 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 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:	A 030		

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A 030	Continued From page 11 Based on observation, interview and record review, the facility failed to honor a resident's right to have access to his own clothes and personal belongings for 1 of 6 residents (Resident #6). The findings included: Resident #6 is ␣ ␣ , alert and oriented and able to make his own decisions regarding his care needs. On at 2:00 PM, it was observed that there was a padlock on the closet door in Resident #6's room. Resident #6 was asked why the padlock was placed on his closet door. He responded, "They don't want me to get in the closet to get my clothes. I have to wait for staff to come in, and then they will get me what I ask for....my clothes and hats are in there." The resident added that he would like to have access to his belongings at his convenience. On at 2:10 PM, Staff C was asked why a padlock was placed on Resident #6's closet door. She stated, "A lock was put on the closet to prevent [Resident #6] from going into the closet because he would go in and try to change his clothes and into the closet. I would have to call 911 because I couldn't get him up. We would get whatever he needed out of the closet, but we just didn't want him to in there again." Further conversation with Staff C revealed that there had not been any other alternative measures put into place which would prevent the resident from falling and still allow him to have free access to his personal belongings. Class III	A 030		

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A 033	Continued From page 12	A 033		
A 033	59A-36.007(8) PHYSICAL (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility was observed to have used a device which was altered/changed to deprive 1 of 6 residents' movement outside of their room (Resident #2). The findings included: On , it was reported by licensed nurses visiting the facility on that they had personally observed Staff C lock Resident #2	A 033		

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A 033	Continued From page 13 inside of his room, and that Staff C had admitted to one of the nursed that she had locked Resident #2 in his room "for the safety of other residences". On , hospital documents show that Resident #2 was taken to the [Medical Center] due to Resident #2 exhibiting aggressive behavior. On , it was observed that Resident #2 required 1 on 1 supervision due to Resident #2 having advanced and an unsteady gait. He was not able to be left unattended without the Resident #2 constantly attempting to get up and around the room without assistance. One of his attempts resulted in the resident falling and hitting the of his on the lower, front padded section of a recliner. Resident #2 would get briefly agitated when staff would try to re-direct him to return to his recliner and not around the room unassisted. During the observational tour on at 2:00 PM, it was observed that the doorknobs on several of the bedroom doors, including the door of Resident #6, was turned around so that the locking mechanism was controlled from the outside of the room, thereby allowing for the resident(s) of those rooms to be locked inside (photographic evidence obtained). A review of Resident #2's record showed no physician order for use of a physical . Resident #2 was not able to be interviewed due to his advanced , and attempts to interview his spouse were not successful. Two phone calls were made to Resident #2's spouse, and both calls went to voicemail. Messages were left providing this surveyor's contact information	A 033		

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	AL11967874	A. BUILDING: _____ B. WING _____	10/28/2024

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A 033	Continued From page 14 and requesting that the spouse return my call at her earliest convenience. No return call was ever received. On at 2: 25 PM, Staff C admitted that Resident #2 was inappropriate for the assisted living facility and required 1 on 1 supervision. She did deny ever locking Resident 2 inside his room. She stated, "I changed the doorknobs on the doors because some of the residents kept locking themselves in their rooms. I thought it was safer to have locks on the outside so they couldn't do that. I have never locked a resident in their room, and I am not aware of any staff that have done that. We do not lock residents in their rooms." Class III	A 033		
A 077	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment	A 077		

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A 077	Continued From page 15 as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with	A 077		

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A 077	Continued From page 16 these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , , are not required to take the	A 077		

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A 077	Continued From page 17 competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the agency within 10 days of a change in administrators. The findings included: On , during the relicensing survey, the owner of the facility (Staff C) stated that the facility had a change in administrators. A review of the Employee Roster on the Agency Background Screening Unit still showed the previous administrator as being the current administrator, but it did have the new administrator's name, title, and hire date of listed below among the current employees. On , , an email was sent to another AHCA surveyor (AHCA staff B) who had previously inspected this facility. This email was	A 077		

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A 077	Continued From page 18	A 077		

sent from the facility's email address and "signed" by the previous administrator. It stated, "Please be advised I have sent notice to multiple areas of Acha notifying of my departing from [Facility's name and address] previously. It still remains on the web site for over several weeks. Please update this [sic]." This AHCA surveyor forwarded this email to the Assisted Living Licensing Unit on . The Licensing Unit contacted the owner to request that she send in the notification of change of administrator and supporting documents.

On , , , AHCA Staff B reviewed the Background Screening Employee Roster and noticed that the Roster still showed the previous administrator listed as being the current administrator. She attempted to resolve this issue with the Owner of the facility and the licensing unit.

On , another email was sent to AHCA Staff B. This email was sent from the facility's email address and "signed" by the previous administrator. It stated, "Good morning this is [previous administrator's name] notifying agency for healthcare administration that I am no longer the administrator of [facility name and license number] effective . I was informed by the owner [owner's name] that ACHA had been notified, but I am unable to locate this notification online or the agency for healthcare website."

On , the facility owner was notified by this surveyor, via email, that she cannot notify AHCA Staff B regarding the Change of Administrator, this notice must be done by notifying the Agency Central Office, and regulation states that it must be done within 10

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A 077	Continued From page 19 days of a change in facility administrator on the Notification of Change of Administrator form (AHCA Form 3180-1006,). This form was provided to the owner in the email sent on . Class	A 077		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

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A 078	Continued From page 20 constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility , to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 3 of 3 sampled staff had evidence of a negative examination completed by a health care provider on an annual	A 078		

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A 078	Continued From page 21 basis (Staff A, Staff B, and Staff C). The findings included: Staff A, a caregiver whose date of hire was , had a negative exam completed on , but did not have another exam completed at any time thereafter. Regulation requires that she should have acquired a statement by a health care provider for , and , Staff B, a caregiver whose date of hire was , did not have a written statement from a health care provider documenting that this individual did not have any signs or symptoms of communicable , including . Staff B also did not have evidence of a negative exam for , of 2024. Staff C, a live-in caregiver and current owner of the facility whose date of hire was , had a negative exam completed on , but did not have another exam completed at any time thereafter. Regulation requires that she should have acquired a statement by a health care provider for , and , Staff C was notified of the missing documentation on at 3:30 PM, and again, via email on . No further documentation was provided showing compliance with this regulatory requirement. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service	A 081		

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A 081	Continued From page 22 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.	A 081		

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A 081	Continued From page 23 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents	A 081		

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A 081	Continued From page 24 must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an	A 081		

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A 081	Continued From page 25 understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 direct care staff completed all of the required in-service trainings within 30 days of employment (Staff B). The findings included: Staff B, who provides direct care to residents, was hired on . Staff B is not a certified nurse's aid, nor was there any documentation showing that she had completed training as a Home Health Aide. Staff B's personnel file did not contain any documentation showing she had completed the required a) 3-hour training in Providing Assistance with the Activities of Daily Living and Resident Behavior and Needs; or b) Recognizing and Reporting Resident , Neglect, and , . Staff C was notified of the missing training documentation on at 3:30 PM, and again, via email on . No further documentation was provided showing compliance with this regulatory requirement. Class III	A 081		

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A 083	Continued From page 26	A 083		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 care staff who are alone with residents holds a currently valid card documenting completion of a course in First Aid (Staff B). The findings included: On at 1:00 PM, Staff C confirmed that Staff B was hired on and works from 7:30 AM - 3:00 PM. Staff B can sometimes be alone in the facility with the residents. Staff B is not a licensed nurse. Staff C stated that both she	A 083		

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A 083	Continued From page 27 and Staff B are certified in and First Aid. However, while reviewing the employment record for Staff B, there was no currently valid certificate showing completion of a First Aid course. Staff C was notified of the missing documentation on at 3:30 PM, and again, via email on . No further documentation was provided showing compliance with this regulatory requirement. Class III	A 083		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by	A 161		

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	AL11967874	A. BUILDING: _____ B. WING _____	10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGEL CARE AT VERO BEACH INC	1130 7 AVENUE VERO BEACH, FL 32960

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A 161	Continued From page 28 Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ◡ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the following documents were included the sampled employee's personnel records: 1) Documentation of 3 of 3 direct care staff participation in elopement drills (Staff A, Staff B, and Administrator/Staff C); 2) A completed application with references for 2 of 2 employees (Staff A and Staff B).	A 161		

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A 161	Continued From page 29 The findings included: Staff A, a direct caregiver, was hired on . During review of her personnel file, no documentation of any participation in elopement drills since her date of hire was found. The employment application in her file was almost completely blank, not containing any previous employment information and only 1 reference. Staff B, a direct caregiver, was hired on . During review of her personnel file, no documentation of any participation in elopement drills since her date of hire was found. The employment application in her file was almost completely blank, not containing any previous employment information or references. Staff C, a live-in caregiver and the current owner of the facility, was hired on . During review of her personnel file, no documentation of any participation in elopement drills since the last relicensure survey was found. Staff C was notified of the missing elopement documentation on at 1:00 PM. She stated that she had mentioned the missing elopement drills to the previous administrator, but nothing was ever done. Staff C was again notified, via email, on of the missing documentation. No further documentation was provided showing compliance with this regulatory requirement.	A 161		

Agency for Health Care Administration

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CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ␣ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣ , to the Federal Bureau of Investigation for a national criminal history record check. The ␣ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or	CZ816		

AHCA Form 3020-0001

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

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CZ816	Continued From page 1 professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No =Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Service	CZ816		

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 staff records reviewed contained a signed copy of an Attestation of Compliance with Background Screening Requirements, [AHCA Form 3100-0008,	CZ816		

Agency for Health Care Administration

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CZ816	Continued From page 3 2017] which attests that the employee meets the requirements for employment. This form must be retained by the facility upon hire. (Staff A, Staff B, and Staff C). The findings included: Staff A, a direct caregiver, was hired on . During a review of her personnel file, no signed Attestation of Compliance with Background Screening Requirements Form could be found. Staff B, a direct caregiver, was hired on . During a review of her personnel file, no signed Attestation of Compliance with Background Screening Requirements Form could be found. Staff C, a live-in caregiver and the current owner of the facility, was hired on . During a review of her personnel file, no signed Attestation of Compliance with Background Screening Requirements Form could be found. Staff C was notified of the missing documents on at 3:30 PM. Staff C was again notified, via email, on of the missing documents. No further documentation was provided showing compliance with this regulatory requirement. Unclassified	CZ816		