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
	AL11966977	A. BUILDING: _____ B. WING _____	C 11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER PALM ALF CORP	11271 SW 229 TERRACE MIAMI, FL 33170

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A 007 SS=D	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least , . 2. Be free from signs and symptoms of any communicable that is likely to be transmitted to other residents or staff. An individual who has ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot	A 007		

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A 007	Continued From page 1 be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any or 4 . A resident requiring care of a may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. If the resident's condition fails to improve within 30 days as documented by a health care practitioner, the resident must be discharged from the facility. 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes	A 007		

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A 007	Continued From page 2 and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. , and , performed in the facility; b. , , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with	A 007		

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A 007	Continued From page 3 the administration and regulation of portable or assistance with routine care of site placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that one out of eight sampled residents met criteria for admission to an assisted living facility (Resident #4). Findings: On at 7:30 am, Resident #4 was	A 007		

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A 007	Continued From page 4	A 007		

observed to be restless in the bed with full side rails attempting to get out of bed by climbing over the side rails. The staff person was standing beside the bed, persuading the resident to remain in bed. Further observation at approximately 10:00 am revealed that Resident #4 was seated in the living room, with a staff person on either side of her attempting to keep her from getting up.

Interviewed on at approximately 7:35 am, the Assistant Administrator stated that Resident #4 came to the facility in her current condition, and that she had to be watched at night to ensure that she did not on the floor while trying to get out of bed unsupervised. She stated that this was why the family had placed the resident in assisted living. She further stated that Resident #4's roommate was now sleeping in another room due to the agitation of Resident #4, which kept the roommate from being able to sleep.

Interviewed on at 11:08 am, the Assistant Administrator stated that the resident was evaluated by the facility's physician and was referred to the Psychiatrist for an evaluation. She further stated that the psychiatrist determined that the resident required one-to-one supervision (at least one staff person to be with her at all times). The Assistant administrator stated that documentation was not yet in the resident's record because the evaluation had just taken place the day before.

A review of Resident #4's record showed no documentation regarding the resident's need for 24-hour supervision care.

A review of the admission-discharge log showed

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A 007	Continued From page 5 that Resident #4 was admitted on Class III	A 007		
A 055 SS=F	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of	A 055		

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A 055	Continued From page 6 medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family,	A 055		

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A 055	Continued From page 7 or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on Observation, Interview and record review, the facility failed to keep medication inaccessible to residents. The facility failed to keep resident's medications locked. The facility failed to discard medication of residents who were no longer at the facility. Findings: On at 729 AM in the room of the Staff persons, a bottle of , 800 mg was observed in an unlocked drawer in an unlocked bedroom that was accessible to residents.. Staff B stated it was hers. There was a bottle of , for Resident #5 also in a drawer. There was also observed to be a bottle of , , with 3 pills inside. The container was labeled with resident #1's name but with a label covering the original label.	A 055		

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A 055	Continued From page 8 On at 7:41 am, unlocked medications were observed in the resident's bathroom. There was a basket with Vick's vapor rub and under the sink in a cabinet. They were not labeled. On at 7:41 am at 7:75 am observation revealed there were two trays with unlocked medicine in a closet of the bathroom which was unlocked. A container of silver cream and two lotion bottles were observed. Staff B stated they were for Resident #6 who had . Also observed were a container of Nystop 10000, triamcilone cream, rub, cream, , for resident#2. and creams were found for resident #7 who had . A review of the admission-discharge log indicated that Resident #6 , on . However, the log also listed as the date that Resident #7 . A review of the resident record and the medication observation log revealed that Resident # 1 was prescribed . On , Staff C stated that the bottle of , observed contained her pills., Observation and interview at approximately 10:00 am revealed that Staff C called someone on the telephone who she said was her sister. Staff C placed the call on speaker, and the 'sister' could be heard saying that she had given Staff B the , in error. The , the 'sister' stated, belonged to her husband, and she had intended to give Staff	A 055		

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A 055	Continued From page 9 C [illegible] pills instead. On [illegible] at 7:45 am, the Assistant Administrator stated that the bathroom closet was kept locked. She was later observed to bring a lock from a new package to put on the closet door. Class III	A 055		
A 056 SS=E	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the	A 056		

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A 056	Continued From page 10 medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the	A 056		

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A 056	Continued From page 11 resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on Observation and Interview, the facility failed to ensure that medication were properly labeled as per prescribed orders. The facility also failed to ensure that resident medications were used as indicated. Findings; On , resident medication containers and medication were found in staff persons room. A Residents medication container was relabeled for use to suggest that the medication that was actually in the container was not the medication in the container. On at 729AM, it was observed that a container of , , with pills inside, staff B stated that it was possible that it is the container but not the 3 pill inside. The container	A 056		

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A 056	Continued From page 12 was labeled withnresident #1's name originally with , , 25mg but scratched off to write 50mg. The original label was placed to cover the name. Staff C later stated that the pills were pills. The pills were identified by a Prescription pills identifier to indeed be the , , . Class III	A 056		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to	A 165		

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A 165	Continued From page 13 which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which	A 165		

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	AL11966977	A. BUILDING: _____ B. WING _____	C 11/07/2024

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SILVER PALM ALF CORP	11271 SW 229 TERRACE MIAMI, FL 33170

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A 165	Continued From page 14 case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to report possible , of one of eight sampled residents (Resident #8). Findings: A review of the admission/discharge log revealed that Resident #8 had been discharged on for nonpayment of rent for two months.	A 165		

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A 165	Continued From page 15 A review of Resident #8's record showed that the resident was diagnosed with , and she was under plenary guardianship, with the guardian responsible for paying the resident's rent. Interviewed on , the Assistant Administrator stated that the resident was given a 45 day notice due to non payment of rent. She further stated that the resident was moved to an address in the community that was reflected on the admission-discharge log. She stated that the guardian had kept asking for more time to pay the resident's rent, but that the payment had ultimately not been made. The Assistant Administrator stated that she spoke to someone at the Department of Children and Family regarding the nonpayment, but she did not file a report. A review of an email that the Assistant Administrator showed on her personal cellular phone revealed that a representative of the Department of Children and Families advised her to file a complaint regarding the possible , . The Assistant Administrator stated that she had never made the complaint. A review of the Adverse Incident Report system revealed no documentation that the facility had filed a complaint with the Agency for Health Care administration regarding the possible , . Class III	A 165		

Agency for Health Care Administration

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A 000	Initial Comments A re-licensure survey in conjunction with a complaint investigation (#2024012476) was conducted at Silver Palm ALF Corp on . . . The provider had deficiencies identified at the time of the survey.	A 000		
A 007 SS=D	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least . 2. Be free from signs and symptoms of any communicable that is likely to be transmitted to other residents or staff. An individual who has ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact.	A 007		

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A 007	Continued From page 1 b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any or 4 , . A resident requiring care of a , may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. If the resident's condition fails to improve within 30 days as documented by a health care practitioner, the resident must be discharged from the facility. 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the	A 007		

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A 007	Continued From page 2 following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. and , performed in the facility; b. , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may	A 007		

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A 007	Continued From page 3 not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable or assistance with routine care of site placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by:	A 007		

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A 007	Continued From page 4 Based on observation, interview and record review, the facility failed to ensure that one out of eight sampled residents met criteria for admission to an assisted living facility (Resident #4). Findings: On at 7:30 am, Resident #4 was observed to be restless in the bed with full side rails attempting to get out of bed by climbing over the side rails. The staff person was standing beside the bed, persuading the resident to remain in bed. Further observation at approximately 10:00 am revealed that Resident #4 was seated in the living room, with a staff person on either side of her attempting to keep her from getting up. Interviewed on at approximately 7:35 am, the Assistant Administrator stated that Resident #4 came to the facility in her current condition, and that she had to be watched at night to ensure that she did not on the floor while trying to get out of bed unsupervised. She stated that this was why the family had placed the resident in assisted living. She further stated that Resident #4's roommate was now sleeping in another room due to the agitation of Resident #4, which kept the roommate from being able to sleep. Interviewed on at 11:08 am, the Assistant Administrator stated that the resident was evaluated by the facility's physician and was referred to the Psychiatrist for an evaluation. She further stated that the psychiatrist determined that the resident required one-to-one supervision (at least one staff person to be with her at all times). The Assistant administrator stated that documentation was not yet in the resident's	A 007		

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A 007	Continued From page 5 record because the evaluation had just taken place the day before. A review of Resident #4's record showed no documentation regarding the resident's need for 24-hour supervision care. A review of the admission-discharge log showed that Resident #4 was admitted on , . Class III	A 007		
A 025 SS=D	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	A 025		

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A 025	Continued From page 6 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, 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 maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical	A 025		

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A 025	Continued From page 7 attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services for one out of eight sampled residents (Resident # 4). Findings included: On , during tour of the facility, at approximately 7:10 AM, observed Resident # 4 trying to get out of bed, with her ⌄ over the full side rail. On at 11:04 AM, Staff C (caregier) stated, "She is always like that." On at 11:06 AM theAssistant Administrator stated, "Resident # 4 was seen by the doctor yesterday, the primary saw her here and recommended for her to be seen by the psychiatrist; she saw her by camera and made medication changes. I am going to write the notes. She was not seen before because she was enrolled in an HMO (Health Maintenance Organization) and now was when she could be seen. Her daughter took her to the clinic and to the psychiatrist. I have to write the notes." A review of residents' records revealed that there were no progress notes about Resident # 4 being seen by the primary physician and the psychiatrist or about the medications changes. Class III	A 025		
A 055 SS=F	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and	A 055		

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A 055	Continued From page 8 preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated.	A 055		

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A 055	Continued From page 9 Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one	A 055		

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A 055	Continued From page 10 witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on Observation, Interview and record review, the facility failed to keep medication inaccessible to residents. The facility failed to keep resident's medications locked. The facility failed to discard medication of residents who were no longer at the facility. Findings: On at 729 AM in the room of the Staff persons, a bottle of , 800 mg was observed in an unlocked drawer in an unlocked bedroom that was accessible to residents.. Staff B stated it was hers. There was a bottle of , for Resident #5 also in a drawer. There was also observed to be a bottle of , with 3 pills inside. The container was labeled with resident #1's name but with a label covering the original label. On at 7:41 am, unlocked medications were observed in the resident's bathroom. There was a basket with Vick's vapor rub and under the sink in a cabinet. They were not labeled. On at 7:41 am at 7:75 am observation revealed there were two trays with unlocked medicine in a closet of the bathroom which was unlocked. A container of silver cream and two lotion bottles were observed. Staff B stated they	A 055		

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A 055	Continued From page 11 were for Resident #6 who had , , . Also observed were a container of Nystop 10000, triamcilone cream, rub, cream, , for resident#2. and creams were found for resident #7 who had , . A review of the admission-discharge log indicated that Resident #6 , on . However, the log also listed as the date that Resident #7 , , . A review of the resident record and the medication observation log revealed that Resident # 1 was prescribed , . On , Staff C stated that the bottle of , observed contained her pills., Observation and interview at approximately 10:00 am revealed that Staff C called someone on the telephone who she said was her sister. Staff C placed the call on speaker, and the 'sister' could be heard saying that she had given Staff B the , in error. The , , the 'sister' stated, belonged to her husband, and she had intended to give Staff C pills instead. On at 7:45 am, the Assistant Administrator stated that the bathroom closet was kept locked. She was later observed to bring a lock from a new package to put on the closet door. Class III	A 055		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966977	A. BUILDING: _____ B. WING _____	11/07/2024

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A 152	Continued From page 12	A 152		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not	A 152		

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A 152	Continued From page 13 be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment for five out of eight sampled residents (Residents # 1, # 2, # 3, # 4 and # 5). Findings included: On during tour of the facility observed multiple medications unlocked, and within residents' reach. On at 7:29 AM in the room of the Staff persons, a bottle of . 800 mg was observed in a drawer . Staff B stated it was hers. There was bottle of , for Resident#5 also in a drawer. There was also observed to be a bottle of , with 3 pills inside. On at 7:41 AM, unlocked medication were observed in the resident's bathroom. There was a basket with Vick's Vapor Rub and under the sink in a cabinet. On at 7:41 AM, observed 2 trays with unlocked medicine in a closet of the bathroom which was unlocked. A container of Silver cream and two lotion bottles were observed. Staff B stated they were for resident #6 who had , . Also observed were a container of Nystop 10000, Triamcilone cream, Rub, cream, , for resident#2. and creams were found for Resident #7 who had , . On , at 7:42 AM Staff C stated that the	A 152		

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A 152	Continued From page 14 bottle of , observed contained her pills. Staff B stated that the found was hers. On , the Assistant Administrator stated that the bathroom closet was kept locked. She was later observed to bring a lock from a new package to put on the closet door. A review of residents' records revealed that Residents # 3 and # 5 were bedbound, Residents # 1, # 2 and # 4 were ambulatory. Class III	A 152		
A 056 SS=E	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be	A 056		

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A 056	Continued From page 15 contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or	A 056		

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A 056	Continued From page 16 complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on Observation and Interview, the facility failed to ensure that medication were properly labeled as per prescribed orders. The facility also failed to ensure that resident medications were used as indicated. Findings; On , resident medication containers and medication were found in staff persons room. A Residents medication container was relabeled for use to suggest that the medication that was actually in the container was not the medication in the container.	A 056		

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A 056	Continued From page 17 On at 729AM, it was observed that a container of , , with pills inside, staff B stated that it was possible that it is the container but not the 3 pill inside. The container was labeled withnresident #1's name originally with , , 25mg but scratched off to write 50mg. The original label was placed to cover the name. Staff C later stated that the pills were pills. The pills were identified by a Prescription pills identifier to indeed be the , , . Class III	A 056		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ;	A 165		

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A 165	Continued From page 18 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be	A 165		

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A 165	Continued From page 19 reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to report possible , of one of eight sampled residents (Resident #8). Findings: A review of the admission/discharge log revealed	A 165		

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A 165	Continued From page 20 that Resident #8 had been discharged on for nonpayment of rent for two months. A review of Resident #8's record showed that the resident was diagnosed with , and she was under plenary guardianship, with the guardian responsible for paying the resident's rent. Interviewed on , the Assistant Administrator stated that the resident was given a 45 day notice due to non payment of rent. She further stated that the resident was moved to an address in the community that was reflected on the admission-discharge log. She stated that the guardian had kept asking for more time to pay the resident's rent, but that the payment had ultimately not been made. The Assistant Administrator stated that she spoke to someone at the Department of Children and Family regarding the nonpayment, but she did not file a report. A review of an email that the Assistant Administrator showed on her personal cellular phone revealed that a representative of the Department of Children and Families advised her to file a complaint regarding the possible , . The Assistant Administrator stated that she had never made the complaint. A review of the Adverse Incident Report system revealed no documentation that the facility had filed a complaint with the Agency for Health Care administration regarding the possible , . Class III	A 165		

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AN275	Continued From page 21	AN275		
AN275 SS=D	59A-36.022 FAC; 429.07(3)(c)3 FS LNS - Licensing 59A-36.022 Limited Nursing Services. Any facility intending to provide limited nursing services must obtain a license from the agency. 429.07(3)(c)3 A person who receives limited nursing services under this part must meet the admission criteria established by the agency for assisted living facilities. When a resident no longer meets the admission criteria for a facility licensed under this part, arrangements for relocating the person shall be made in accordance with s. 429.28(1)(k), unless the facility is licensed to provide extended congregate care services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to obtain a license from the agency before providing limited nursing services. Findings included: A review of residents' records revealed that Resident # 3 and # 5 were under hospice services. On at 7:45 AM Staff B (Administrator's Assistant) stated that they had a nurse that came to administer the medications to the residents on hospice and she was the nurse that comes for home health services. A review of facility's records revealed that the facility had no limited nursing services component in its license.	AN275		

Agency for Health Care Administration

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AN275	Continued From page 22 Class III	AN275		