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
	AL11967456	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CREEK ASSISTED LIVING ST CLOUD	2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772

(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
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	CZ815		

AHCA Form 3020-0001

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

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CZ815	Continued From page 1 qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection. (g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429. (h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (i) Section 817.234, relating to false and fraudulent insurance claims. (j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony. (k) Section 817.50, relating to fraudulently	CZ815		

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CZ815	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	CZ815		

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CZ815	Continued From page 3	CZ815		

to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person.

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

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

(7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria

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CZ815	Continued From page 4 relating to retaining ⌣ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	CZ815		

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CZ815	Continued From page 5 exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,	CZ815		

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CZ815	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure a person living in the facility who had access to residents' personal property and living areas had level II Background Screening for 1 of 6 persons sampled for Background Screening. Findings: On at 10 AM, a man was observed exiting the front door of the facility. On at 11 AM, the Administrator stated the man lived upstairs with staff B since , . She said she did not know he required Background Screening. Unclassified	CZ815		
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any	CZ821		

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CZ821	Continued From page 7	CZ821		

change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including:
(a) Insurance coverage renewal;
(b) Bond renewal;
(c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider;
(d) Annual sanitation inspections;
(e) Fire inspections.
(2) Electronic submission of information.
(a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal:
1. Nursing homes:
Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.
2. Assisted living facilities:
Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15

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CZ821	Continued From page 8 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be	CZ821		

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CZ821	Continued From page 9 accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission.	CZ821		

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CZ821	Continued From page 10 (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to submit an adverse incident report electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required for 1 of 8 sampled residents, (#1). Findings: A review of resident #1's record revealed she was admitted on and discharged to the hospital on . On at 9:45 AM, the Administrator said resident #1 was found slumped forward, clutching her at the breakfast table on by staff C. She explained the resident was transferred to the hospital for higher level of care. The Administrator acknowledged she had not submitted an adverse incident report to the State Agency about this incident. Unclassified	CZ821		
A 000	Initial Comments Complaint #2024016641 and Generator Monitoring surveys were conducted from to at Silver Creek Assisted Living St.	A 000		

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A 000	Continued From page 11 Cloud. The complaint was substantiated and identified the following deficiencies at Class I: A0025 Supervision, A0030 Resident Rights and A0077 Staffing Standards-Administration. Class II deficiency was cited for A0083 First Aid and .	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	A 010		

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A 010	Continued From page 12 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	A 010		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 010	Continued From page 13 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	A 010		

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A 010	Continued From page 14 3. 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. (c) A _____, ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	A 010		

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A 010	Continued From page 15 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to update the resident's Health Assessment Form (1823) within 30 days of a significant change in condition for 2 of 2 sampled residents, (#2 and #3). Findings: 1. Review of resident #2's record revealed he was admitted on . The resident had been under the care of Hospice since . The record contained a Health Assessment Form (1823) dated . The 1823 Form did not document the resident received Hospice care, which constituted a significant change. 2. A review of resident #3's record revealed she was admitted on and was under Hospice care. Documentation of the date the resident was placed on Hospice care was requested. The facility did not provide documentation from the Hospice provider initiating Hospice care. The record noted an 1823 Form dated which did not contain any documentation of the resident's hospice care. Further review of the record revealed no other 1823 Health Assessments. The facility was not able to provide documentation of when resident #2 and resident #3 were placed on Hospice care. There was no 1823 Health Assessment form that documented the significant change due to the residents being placed on Hospice care. On at 2:20 PM, the Administrator confirmed the findings.	A 010		

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A 010	Continued From page 16 Class III	A 010		
A 025 SS=J	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, 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	A 025		

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A 025	Continued From page 17 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, record review, and interview, the facility failed to provide care and services appropriate to meet the needs of a resident who was accepted to the facility and required assistance with eating for 1 of 8 sampled residents (#1). Findings: A review of resident #1's record revealed she was admitted on with diagnoses of , and , delay. Her record contained a Resident Health Assessment form (1823) dated which noted she required assistance with eating, , and toileting. A review of the facility notes documented on , noted resident #1 was transferred to	A 025		

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A 025	Continued From page 18 the hospital. No time or reason for transfer was documented. On at 9:20 AM, a tour was conducted. There were 7 residents currently residing in the facility. On at 9:45 AM, an interview with the Administrator was conducted. She said on the morning of , resident #1 was sitting at the dining table and staff C noticed resident #1 was holding her and slumped over. The Administrator explained Staff B called 911 and - , ( ) was started. She explained paramedics arrived at the facility and the resident was taken to the hospital. On at 9:50 AM, in an interview with staff A, she said she arrived for work around 7 AM on . She noted resident #1 was slumped forward in a dining room chair and unresponsive. She explained staff B was on the phone with 911. She explained that was initialed after the 911 operator directed staff to do so. Resident #1 was placed on the floor and was started. She added she and staff C took turns doing until paramedics took over. She stated she did not do the Heimlich maneuver and did not know if anyone had done it before she arrived. On at 11:30 AM, an interview with the Power of Attorney (POA) for resident #1 was conducted. She said resident #1 was removed from life support on . She stated the Administrator called her on between 7 and 7:30 AM and told her something was wrong with resident #1 and the paramedics were there. She recalled she and her sister went to the hospital and the Administrator was there. The POA explained the hospital physician told them	A 025		

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A 025	Continued From page 19 the resident had choked on a peanut butter sandwich. On at 3 PM, staff B said she was not on duty at the time of the incident but lived upstairs. She recalled on staff C called her on the phone from downstairs, and informed resident #1 was, "not good," and slumped over at the table. She said she immediately went downstairs to help. She explained she did not do the Heimlich maneuver and did not tell the 911 operator the resident had been eating because she wasn't sure if the resident had already finished her breakfast. She said she saw resident #1 slumped forward, not and having trouble breathing. She did not assist with because she was on the phone with 911. She explained staff A arrived at work at that time and assisted staff C. On at 3:25 PM, during an interview, staff C said she worked from 11 PM to 7 AM and was the only staff on duty. She remembered she gave resident #1 cereal, a banana, and a peanut butter sandwich that morning. Staff C said she was in the kitchen cooking breakfast, but she could see the residents who were sitting at the table. She recalled she saw resident #1 slumped forward and immediately went to her. She said she did not do the Heimlich maneuver but did a sweep of the resident's after they called 911. She stated she patted her and her , but the resident was unresponsive. On at 10:05 AM, the Administrator said she viewed the video of the event but did not know when resident #1 arrived at the table or when she was served food. She explained she did not write an incident report or document the timeline. She stated she was aware resident #1	A 025		

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A 025	Continued From page 20	A 025		

required assistance with meals and staff assisted her by cutting her sandwich and other foods. She confirmed there was no policy or documentation that defined how staff assisted residents with eating. She noted she spoke to her staff after the incident and sent them a video of how to do the Heimlich maneuver which they would have learned in basic first aid training. She also sent text messages reminding staff to be more alert, especially when residents were eating. She explained staff generally stayed in the area of residents when they were eating but they didn't always sit with them.

On at 10:35 AM, staff A said after the incident with resident #1, the Administrator sent her a video to review . The title of the video was, "Caring for a Responsive Choking Adult".

The Administrator provided video footage of the incident that was time and date stamped, . The camera was located between the dining table and the kitchen. The video showed:

-at 6:20 AM, residents #1 and #6 were seated at the dining room table.
-at 6:21 AM, staff C walked through the dining area toward the kitchen.
-at 6:36 AM to 6:48 AM, residents #1, #5, and #6 were seated at the table. There was no staff present and no food on the table.
-at 6:50 AM, resident #1 began eating something with a spoon.
-at 6:54 AM, resident #1 was seen eating a sandwich.
-at 6:56 AM, staff C entered the kitchen, prepared coffee and took it to the dining area
-at 6:56 AM, as staff C exited the dining area, resident #1 leaned slightly forward and coughed after placing food in her . She is then seen

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A 025	Continued From page 21	A 025		

leaning over her plate with her open displaying what looks like a gag response which could be heard on the video. The resident then looked toward resident #5 and pushed her chair . A moan from resident #1 could be heard. Resident #1 then looked toward the kitchen. Resident #5 was heard saying something (inaudible) and staff C responded from off camera (inaudible). Resident #5 again was heard saying something and staff C can be heard off camera saying, "(resident #5's name) please".
-at 6:57 AM, resident #1 was seen putting her elbows on the table and her in her . She was heard making gagging sound. Staff C then entered the dining area and asked resident #1, "what happened?" Resident #1 responded (inaudible). Staff C was then seen patting resident #1 on the and raising her left arm above her and calling resident #1's name. Staff C attempted to push her upright in the chair.
-at 7:01 AM, staff C stood next to resident #1 rubbing her . Staff B was on the telephone heard speaking in Spanish. Staff C then leaned resident #1 in the chair and rubbed her and patted her . Resident #1 now appeared to be unresponsive.
-at 7:03 AM, resident #1 was seen slumped in the dining room chair and appeared unresponsive. Staff C stood next to her holding her up. Staff B remained on the telephone speaking in Spanish.
-at 7:03 AM, staff A arrived and leaned the resident forward onto the table and patted her . At 7:04 AM, the 3 staff lowered resident #1 to the floor.
-at 7:05 AM, staff C started , ,
4 minutes after resident #1 was noted to be unresponsive and after instructed by the 911 operator.
-at 7:09 AM, staff C continued with

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A 025	Continued From page 22 , while standing over resident #1. At 7:10 AM, staff A took over , kneeling on the resident's left side. -at 7:19 AM, paramedics arrived at the facility and assumed emergency care for resident #1. -at 7:49 AM, paramedics left the facility with resident #1 in a stretcher. On at 10:40 AM, staff C said she watched the video of the incident dated . She acknowledged the video showed resident #1 was at the dining table eating at 6:50 AM and no staff were present. Staff C explained she had left the dining area to provide care to another resident as she was the only one working at that time. Staff C stated she did not call 911 right away for resident #1 as she was nervous and could not recall if she yelled for or called staff B on the phone. She said she was unable to put resident #1 on the floor because she was too heavy, but she said she swept the residents' and looked inside by holding her down with a spoon, but did not see or feel anything there. Staff C said she was not aware the resident required assistance with eating and said if she had known, she would have stayed with her. She explained she had been in the kitchen and responded when she heard or saw resident #1, she could not recall which. She confirmed she assisted resident #1 with meals by cutting her sandwich in half and cut the crust off. She noted the Administrator sent out a video on how to do the Heimlich maneuver and . On at 11:40 AM, staff B recalled staff C yelled for her from downstairs, but she could not hear her well, so she called her on the telephone. She said she quickly went downstairs and called 911. She stated she did not check the resident's because she thought staff C had already checked. She was not aware resident #1 needed	A 025		

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A 025	Continued From page 23 assistance with eating. She said she worked 3 PM to 11 PM shift and was usually the only one on duty. She said sometimes it was difficult to supervise dinner and provide needed care to the residents by herself and felt that 2 staff were sometimes needed. Staff B confirmed the Administrator sent her a video on and how to do the Heimlich maneuver after the incident. 10:35 Interview with resident #1's sister she stated she has not sat down in over year with Tammy to eat a meal. However, her sister would eat fast and would put too much food in her A review of resident #1's certificate revealed her date of was The cause of was listed as complications of , , and obstruction of upper airway by foreign body (food). (Photographic Evidence Obtained) Class I	A 025		
A 030 SS=J	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.	A 030		

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A 030	Continued From page 24 (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (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;	A 030		

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A 030	Continued From page 25 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 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,	A 030		

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A 030	Continued From page 26 impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (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	A 030		

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A 030	Continued From page 27	A 030		

, , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free 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

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A 030	Continued From page 28 prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to 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	A 030		

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A 030	Continued From page 29 dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to honor the resident's right to live in a safe and secure living environment that was free from neglect, failed to assist residents with eating as prescribed by the primary care provider, and failed to immediately perform Heimlich maneuver and ( ) for 1 of 8 sampled residents, (1). Findings: On at 9:20 AM, a tour was conducted. There were 7 residents observed in the facility. A review of resident #1's medical record revealed she was admitted on . Her record contained a Resident Health Assessment Form (1823) dated which noted she required assistance with eating. Further review of the resident's record revealed she was a full code. A review of the facility notes dated 11/20/24 revealed resident #1 was transferred to the hospital but no time or reason for the transfer was documented. On at 11:30 AM, resident #1's Power of Attorney said the Administrator called her on	A 030		

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A 030	Continued From page 30 between 7 AM and 7:30 AM to tell her something was wrong with resident #1, and that 911 had been called and paramedics were at the facility. She stated she and her sister went to the hospital. She recalled the Administrator was also at the hospital when the physician informed them that resident #1 had choked on a peanut butter sandwich. The Power of Attorney said resident #1 was removed from life support two days later, on . On at 10:05 AM, the Administrator said she viewed the video of the event but did not note when resident #1 had arrived at the table or when she was served food. She confirmed she did not write an incident report or document the timeline. She said she spoke with staff after the event and sent them a video of how to do the Heimlich maneuver which they would have learned in First Aid or training. The Administrator confirmed she did not ask or interview staff C about why she did not call 911 immediately but instead called staff B, who lived upstairs to come down. She explained staff assisted resident #1 with meals by cutting up her food and sandwiches. She confirmed there was no policy or documentation of a definition of assisting residents with eating. The Administrator said she was aware that resident #1 required assistance with eating and explained staff generally stayed in the area of residents when eating but they didn't always sit with them. The Administrator provided video footage of the incident that was time and date stamped, . The camera was located between the dining table and the kitchen. The video showed: -at 6:20 AM, residents #1 and #6 were seated at the dining room table.	A 030		

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A 030	Continued From page 31 -at 6:21 AM, staff C walked through the dining area toward the kitchen. -at 6:36 AM to 6:48 AM, residents #1, #5, and #6 were seated at the table. There was no staff present and no food on the table. -at 6:50 AM, resident #1 began eating something with a spoon. -at 6:54 AM, resident #1 was seen eating a sandwich. -at 6:56 AM, staff C entered the kitchen, prepared coffee and took it to the dining area -at 6:56 AM, as staff C exited the dining area, resident #1 leaned slightly forward and coughed after placing food in her . She then leaned over her plate with her open displaying what looks like a gag response which could be heard on the video. The resident then looked toward resident #5 and pushed her chair . A moan from resident #1 could be heard. Resident #1 then looked toward the kitchen. Resident #5 was heard saying something (inaudible) and staff C responded from off camera (inaudible). Resident #5 again was heard saying something and staff C can be heard off camera saying, "(resident #5's name) please". -at 6:57 AM, resident #1 placed her elbows on the table and her in her . She was heard making gagging sound. Staff C then entered the dining area and asked resident #1, "what happened?" Resident #1 responded (inaudible). Staff C was then seen patting resident #1 on the and raising her left arm above her and called resident #1's name. Staff C attempted to push her upright in the chair. -at 7:01 AM, staff C stood next to resident #1 and rubbed her . Staff B was on the telephone heard speaking in Spanish. Staff C then leaned resident #1 in the chair and rubbed her and patted her . Resident #1 now appeared to be unresponsive.	A 030		

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A 030	Continued From page 32 -at 7:03 AM, resident #1 was seen slumped in the dining room chair and appeared unresponsive. Staff C stood next to her holding her up. Staff B remained on the telephone speaking in Spanish. -at 7:03 AM, staff A arrived and leaned the resident forward onto the table and patted her . At 7:04 AM, the 3 staff lowered resident #1 to the floor. -at 7:05 AM, staff C started , , 4 minutes after resident #1 was noted be unresponsive and after instructed by the 911 operator. -at 7:09 AM, staff C continued with , while standing over resident #1. At 7:10 AM, staff A took over , kneeling on the resident's left side. -at 7:19 AM, paramedics arrived at the facility and assumed emergency care for resident #1. -at 7:49 AM, paramedics left the facility with resident #1 in a stretcher. On at 10:40 AM, staff C stated she watched the video from and confirmed she was not present at the time resident #1 was eating at the table. She confirmed she had left the dining area to provide care for another resident as she was the only one working at that time. Staff C said she did not know resident #1 required assistance with eating and explained had she known, she would have stayed with her while she ate. Instead, she recalled she had been in the kitchen and only responded when she heard or saw resident #1, she could not recall which. Staff C explained she did not call 911 right away for resident #1 because she was nervous. She said she was unsure if she yelled or called staff B on the phone to ask for additional help. Staff C said she was unable to put resident #1 on the floor because she was too heavy but she said	A 030		

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A 030	Continued From page 33 she swept her and looked inside by holding her down with a spoon, but did not see or feel anything. On at 11:40 AM, in an interview with staff B, she recalled staff C yelled for her from downstairs, but she could not hear her well, so she called her on the telephone. She said she then went downstairs and called 911. She said she did not help put resident #1 on the floor right away because she had surgery recently and could not lift. She explained she did not check her because she thought staff C had already checked. Staff C stated she was not aware resident #1 needed assistance with eating. She confirmed she worked the 3 PM to 11 PM shift and usually worked alone. She noted it was sometimes difficult to supervise dinner and provide care to residents and that sometimes 2 staff were necessary. On at 2:30 pm the administrator confirmed the findings. (Photographic Evidence Obtained) Class I	A 030		
A 077 SS=J	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	A 077		

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A 077	Continued From page 34 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 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	A 077		

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A 077	Continued From page 35 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 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	A 077		

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A 077	Continued From page 36 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 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 observation, interview, and record review, the facility's Administrator failed to ensure appropriate First Aid care was provided, and failed to ensure at least one staff member on each shift had valid , , ( ) and First Aid training to provide necessary life saving aid to 1 of 8 sampled residents, (#1). Findings:	A 077		

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A 077	Continued From page 37 On at 9:20 AM, a tour was conducted. There were seven adults residing in the facility which had a license capacity for 12 residents. A review of resident #1's record revealed she was admitted on . Her record contained a Resident Health Assessment Form (1823) dated which noted she required assistance with eating. She did not have a ( ) on file. A review of the facility notes documented on revealed resident #1 was transferred to the hospital but the reason for the transfer was not documented. On at 11:30 AM, resident #1's Power of Attorney (POA) said the Administrator called her on between 7 AM and 7:30 AM, to tell her something was wrong with resident #1 and paramedics were at the facility. She explained she and her sister went to the hospital to see resident #1. The POA recalled the Administrator was present at the hospital when the hospital physician told them resident #1 had choked on a peanut butter sandwich. The Power of Attorney said resident #1 was removed from life support two days later, on . On at 10:05 AM, the Administrator confirmed she viewed the video of the event involving resident #1 but did not write an incident report, document the timeline, or submit an adverse incident to the state agency. She said she spoke with staff after the event and sent them a video with instructions on how to do the Heimlich maneuver which she acknowledged staff would have learned in /First Aid training. She confirmed she did not ask or interview staff C about why 911 was not called immediately and instead called staff B to come downstairs for help.	A 077		

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A 077	Continued From page 38 The Administrator explained staff assisted resident #1 with meals by cutting up her food and sandwiches. She noted there was no policy or documentation that defined/guided how staff should assist residents to eat. The Administrator said she was aware resident #1 required assistance with eating and explained that staff generally stayed in the area of residents when eating but did not always sit with the residents. A review of staff B's employment record revealed she was hired on . Her record did not contain documentation of a valid or First Aid training. A review of the staffing schedules for , and revealed staff B was the only staff scheduled to work on the 7 PM to 11 PM shift on , 6, 7, 8, 13, 14, 15, 20, 21, 22, 27, 28, and 29, on , 5, 6, 11, 12, 13, 18, 19, 20, 25, 26, and 27, and on , 2, 3, 8, 9, and 10. A review of staff E's employment record revealed she was hired on . Her record did not contain documentation of a valid or First Aid training. A review of the staffing schedule revealed staff E was the only staff scheduled to work at the facility each Saturday and Sunday on the 7 PM to 7 AM shift for , and schedule. On at 3:30 PM, the Administrator confirmed the findings that staff B and staff E did not have valid or First Aid training, and acknowledged they worked alone as scheduled. (Photographic Evidence Obtained)	A 077		

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A 077	Continued From page 39 Class I	A 077		
A 083 SS=G	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 observation, interview, and record review, the facility failed to ensure there was a staff member in the facility at all times who had valid - , ( ) and First Aid training for 2 of 6 staff sampled, (staff B and staff E). Findings:	A 083		

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	AL11967456	A. BUILDING: _____ B. WING _____	C 01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER CREEK ASSISTED LIVING ST CLOUD	2910 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34772

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A 083	Continued From page 40 1. On at 9:20 AM, during a tour of the facility, there were seven adults observed living in the facility. A review of staff B's employment record revealed she was hired on . Her record did not contain documentation of valid or First Aid training. A review of the staffing schedules for , , and revealed staff B was the only staff scheduled to work on the 7 PM to 11 PM shift on , 6, 7, 8, 13, 14, 15, 20, 21, 22, 27, 28, and 29, on , 5, 6, 11, 12, 13, 18, 19, 20, 25, 26, and 27, and on , , 2, 3, 8, 9, and 10. 2. A review of staff E's employment record revealed she was hired on . Her record did not contain documentation of valid or First Aid training. A review of the staffing schedule revealed staff E was the only staff scheduled to work at the facility each Saturday and Sunday on the 7 PM to 7 AM shift for , the , and schedule. On at 3:30 PM, the Administrator confirmed staff B, and staff E, did not have valid or First Aid training. She confirmed they did work alone during the months of , , and , as scheduled. The Administrator stated the schedule needed to be changed so staff who were not trained in or First Aid did not work alone until they received the training. (Photographic Evidence Obtained)	A 083		

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A 083	Continued From page 41 Class II	A 083		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823	A 162		

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A 162	Continued From page 42 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌣ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌣ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , . , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No	A 162		

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A 162	Continued From page 43 =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record	A 162		

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A 162	Continued From page 44 review, the facility failed to ensure resident records were maintained on the premises including diet orders for 3 of 8 sampled residents, (#2, #3 & #8). Findings: 1. A review of resident #2's record revealed he was admitted on . His record contained a Resident Health Assessment Form dated which contained documentation from the Primary Care Provider for a regular diet but no consistency was specified. On at 12:20 PM, resident #2 was observed in his room, sitting on the edge of the bed, eating food with a pureed texture. 2. A review of resident #3's record revealed she was admitted on . Her record contained a Resident Health Assessment Form dated which contained documentation from the Primary Care Provider to provide a regular diet but no consistency was specified. On a few minutes after 12:20 PM, resident #3 was observed at the dining room table sitting nearby resident #8, eating food with a pureed texture. 3. A review of resident #8's record revealed she was admitted on . Her record contained a Resident Health Assessment Form dated which contained documentation from the Primary Care Provider that resident #8 needed a regular diet but no consistency was specified. On a few minutes after 12:20 PM, resident #8 was observed at the dining room table with resident #3 eating food with a pureed	A 162		

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A 162	Continued From page 45 texture. On at 1:00 PM, the Administrator confirmed resident # 2, #3, and #8 needed a pureed consistency for the food they consumed per their Provider. She confirmed the Resident Health Assessment Forms for residents #2, #3, and #8 did not specify the required pureed consistency and said the forms needed to be corrected to reflect the needed consistency. Class III	A 162		