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 |
|---|---|---|---|
| | AL11969818 | A. BUILDING: _____ B. WING _____ | 01/16/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| LUXE SENIOR LIVING AT JUPITER | 650 656 PIONEER RD JUPITER, FL 33458 |

| (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 |
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| A 000 | Initial Comments<br><br>An unannounced Extended Congregate Care (ECC), Complaint (#2024011353, #2024014369 & #2024016282), and Generator Monitoring survey were conducted on at Luxe Senior Living At Jupiter. The facility had deficiencies related to the ECC and Complaint survey, (#2024011353 & 2024014369) identified at the time of the visit. | A 000 | | |
| A 030 | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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.<br>(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.<br>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, | A 030 | | |

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| A 030 | Continued From page 1 | A 030 | | |

1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and
. ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which

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| A 030 | Continued From page 2<br><br>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.<br><br>429.28 Resident bill of rights.-<br>(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:<br>(a) Live in a safe and decent living environment, free from and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.<br>(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.<br>(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.<br>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's | A 030 | | |

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| A 030 | Continued From page 3 | A 030 | | |

representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal

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| A 030 | Continued From page 4<br><br>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.<br>(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.<br>(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that | A 030 | | |

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| A 030 | Continued From page 5<br><br>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.<br><br>429.27 Property and personal affairs of residents.-<br>(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.<br>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and an interview, the facility failed to ensure their grievance policy and procedure was followed and effective for 1 out of 1 sampled residents (Resident #1).<br><br>The findings included: | A 030 | | |

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| A 030 | Continued From page 6<br><br>The facility's Grievance/Complaints, Recording And Investigating Policy notes that the investigation and report will include the employee's account of the alleged incident and recommendations for corrective actions after completion of the investigation.<br><br>A. On a grievance form filled out by the facility for Resident #1 and her family member dated , it was alleged that the resident was not receiving assistance with her CPAP machine but admits she has been removing it, so this was marked as "resolved". There was no documentation to show staff were interviewed or that documentation of staff assisting with this was reviewed and completed. Review of the Progress Notes on reveal the CPAP machine was part of a grievance voiced to the Director Of Nursing (DON) on this date, but that it was also alleged that the resident "had received too much medication" and presented with "slurred speech and ". It was noted that this subsided when 911 was called and EMT (emergency medical technicians) arrived.<br><br>B. Review of a facility grievance form filled out by the facility for Resident #1 on indicated that the "resident states she received medication administration of ( , ) hours apart. States that staff member (Staff A) snuck into her apartment at 1:00 AM to give resident ". The resolution was listed as "DON reviewed record (paper) and physical count. No medication had been given. (Staff A) was not on duty. Resident states she was probably due to recent med (medication) changes".<br><br>Review of an incident report filed by the facility on at 12:36 PM notes that they became | A 030 | | |

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| A 030 | Continued From page 7<br><br>aware of other agencies' involvement with Resident #1's allegation of "being given ( , ) and ( , ) at the same time but couldn't recall the day. (Resident) states she is being drugged...resident requested to see psych (health care provider)...was informed they would be in on ". The facility's documented resolution was "Medication review was completed. All medications were administered as per MD (doctor) order correctly, with no dosing...Staff interviews confirm that no PRN (as needed) medications were given, and only scheduled medications were administered".<br><br>Staff A was not available for interview on . Staff B stated on at 11:45 AM, during a telephonic interview with the DON present, that she did not recall any medications given to the resident. Staff C no longer worked at the facility and was not available for interview.<br><br>On , Resident #1's , and MORs and copies of medication orders were reviewed. The following discrepancies were identified:<br><br>1. Resident #1 started taking , 1 milligram (mg) three times daily on . There was no copy of the order available for review. During interview with the Director Of Nursing (DON) on at 11:00 AM, a copy of the order was requested and obtained from the pharmacy. The order dated notes to "Please discontinue , 2 mg every 8 hours as needed". Review of the MORs revealed Resident #1 continued to receive , on , and . The medication was not discontinued until as noted on the MOR. A different copy | A 030 | | |

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| A 030 | Continued From page 8<br><br>of a medication order for the start of , and the discontinuation of , was on file dated , signed by the same health care provider.<br><br>2. Resident #1 was to receive , 2 mg every 8 hours as needed (PRN) daily until the medication was discontinued on . The resident was noted to have received the medication when requested daily from through . The MOR was not updated immediately upon receipt of a discontinue order. The grievance resolution showed the medications were "administered as ordered", but they had not been from through . In addition to the resident receiving , daily as noted on the MOR, the following medication redactions or "strike outs" were documented in the resident's progress notes:<br><br>a. at 14:13 "PRN Administration was: Effective"<br>b. at 12:03 "Gave one for "<br>c. at 12:33 PM " ( , PRN) was given at 12:30 PM"<br><br>These entries were "struck out" or marked as an error on . A Progress Note on at 12:57 PM documents "med tech reported that she had incorrectly documented the PRN medication as given" with no explanation as to what medication was actually given at the time, or who the "med tech" was on each of the redacted medication entries. Staff C was identified as the "med tech" who made the errors on , but was no longer employed by the facility so could not be interviewed on .<br><br>C. Review of a confidential complaint revealed an allegation that "a nurse recently got in (Resident | A 030 | | |

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| A | Continued From page 9<br><br>#1's) and screamed at her" and that this nurse "told everyone that she was just a chauffeur and that she was her personal aide". During interview with the DON on at 10:30 AM, she stated that the resident did present similar allegations while at the facility but that they had been negated. Upon request for all grievances and investigations into complaints regarding this resident, none were presented the resident's concern of being mistreated verbally.<br><br>It could not be determined if the investigations into these grievances were adequate, or if the response was sufficient. There were no statements from staff who were interviewed available, no review of the current orders with reconciliation of the MOR noted as completed at the time, and no identification of the discontinue order for , that had not been followed at the time. There were no " records" or controlled substance count sheets available for review at the facility on .<br><br>The Regional Nurse was notified of these findings on at 3:00 PM. The facility provided no additional information for review at this time.<br><br>Class III | A 030 | | |
| A 054 | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the | A 054 | | |

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| A 054 | Continued From page 10<br><br>resident's name, the date dispensed, the name and strength of the drug, and the directions for use.<br>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:<br>1. The name of the resident and any known ˘ the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.<br>(c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and an interview, the facility failed to ensure the medication observation record (MOR) was immediately updated accurately for 1 out of 1 sampled residents (Resident #1).<br><br>The findings included:<br><br>On , Resident #1's ˘ MOR was reviewed. The following discrepancies were identified:<br><br>1. Resident #1 started taking , 1 | A 054 | | |

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| A 054 | Continued From page 11<br><br>milligram (mg) three times daily on . On at 9:00 AM and 1:00 PM, the resident did not receive the medication. A "9" was noted on the MOR, showing that the "nurses notes" would provide additional information. Review of the Progress Notes revealed the "medication is not available" at 10:19 AM on , and no documentation for the 1:00 PM missed dose. At 2:47 PM on , a Progress Note shows that the "medication is available". On at 11:15 AM, the pharmacist stated that 75 pills of this medication was delivered to the facility on . There was no additional information on the resident's MOR to show why the medication was not given twice on other than "not available".<br><br>2. Resident #1 was to receive , 2 mg every 8 hours as needed (PRN) daily until the medication was discontinued on . The resident was noted to have received the medication when requested daily from (three doses) through . The MOR was not updated immediately upon receipt of a discontinue order.<br><br>The Regional Nurse was notified of these findings on at 3:00 PM. The facility provided no additional information for review at this time.<br><br>Class III | A 054 | | |
| A 055 | 59A-36.008(6) FAC Medication - Storage and Disposal<br><br>(6) MEDICATION STORAGE AND DISPOSAL.<br>(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, | A 055 | | |

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| A 055 | Continued From page 12<br>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.<br>(b) Both prescription and over-the-counter medications for residents must be centrally stored if:<br>1. The facility administers the medication;<br>2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request;<br>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;<br>4. The resident fails to maintain the medication in a safe manner as described in this paragraph;<br>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<br>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.<br>(c) Centrally stored medications must be:<br>1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;<br>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 | A 055 | | |

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| LUXE SENIOR LIVING AT JUPITER | 650 656 PIONEER RD JUPITER, FL 33458 |

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| A 055 | Continued From page 13<br><br>refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked;<br>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,<br>4. Kept separately from the medications of other residents and properly closed or sealed.<br>(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.<br>(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).<br>(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.<br>(g) Facilities that hold a Special-ALF permit | A 055 | | |

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| A 055 | Continued From page 14<br>issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to return all medications to the resident or the resident's family upon discharge for 1 out of 1 sampled residents (Resident #1).<br><br>The findings included:<br><br>On , Resident #1's Medication Observation Records (MORs) dated , and were reviewed. The records showed that the resident was receiving , 2 milligrams (mg) as needed (PRN) every 8 hours daily and a new medication , 1 mg three times daily scheduled beginning .<br><br>During interview with the Director Of Nursing on at 11:30 AM, she stated that these medications were given to the resident's son when the resident was discharged on . There were no Controlled Substance Count sheets available to show the monitoring of the use of these medications or their return to the resident's family.<br><br>Resident #1's son stated during a telephonic interview on at 10:52 AM that he did not receive any medication from the facility upon the resident's discharge, and was not notified to pick up any medication.<br><br>During interview with the pharmacist on at 11:15 AM, he stated that 75 pills of , 1 mg were delivered to the facility on , and 42 pills of , 2 mg were delivered | A 055 | | |

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| A 055 | Continued From page 15<br><br>on . He confirmed that the facility had not returned any of these medications.<br><br>The facility is required to notify a resident's family of the medication supply and facilitate the return, as well as hold the medication for 15 days until pick up. If they are not picked up within that timeframe, the facility may dispose of them with the Administrator and one witness present, and must document this in the resident's record. There was no documentation to show where these medications went.<br><br>Class III | A 055 | | |
| A 056 | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(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:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(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.<br>(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 16<br><br>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.<br>(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.<br>(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.<br>(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.<br>(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 17<br><br>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:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and an interview, the facility failed to ensure a change in the directions for use of a medication were accompanied by a copy of the medication order, and failed to promptly record the new directions on the medication observation record (MOR) for 1 out of 1 sampled resident (Resident #1).<br><br>The findings included:<br><br>On , Resident #1's , and MORs were reviewed. The MOR showed a new medication started on , , 1 milligram (mg) to be given three times daily. There was no copy of the order | A 056 | | |

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| A 056 | Continued From page 18<br><br>available for review. During interview with the Director Of Nursing (DON) on at 11:00 AM, a copy of the order was requested and obtained from the pharmacy. The order dated notes to "Please discontinue , 2 mg every 8 hours as needed". Review of the MORs revealed Resident #1 continued to receive , on , and . The medication was not discontinued until as noted on the MOR. A different copy of a medication order for the start of , and the discontinuation of , was on file dated , signed by the same health care provider.<br><br>Class III | A 056 | | |
| AE206 | 59A-36.021(6) FAC ECC - Service Plans<br><br>(6) SERVICE PLANS.<br>(a) Before receiving services, the extended congregate care administrator or manager must develop a preliminary service plan that includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical, , , and social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs.<br>(b) Within 14 days of receiving services, the extended congregate care administrator or manager must coordinate the development of a written service plan that takes into account the resident's health assessment obtained pursuant to subsection (5); the resident's unique physical, , , and social needs and preferences; and how the facility will meet the resident's needs including the following if required:<br>1. Health monitoring, | AE206 | | |

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| AE206 | Continued From page 19<br><br>2. Assistance with personal care services,<br>3. Nursing services,<br>4. Supervision,<br>5. Special diets,<br>6. Ancillary services,<br>7. The provision of other services such as transportation and supportive services; and,<br>8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.<br>(c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in section 429.02, F.S., the service plan must be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, and must reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences.<br>(d) The service plan must be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and an interview, the facility failed to ensure a service plan for receiving extended congregate care (ECC) services was reviewed and updated quarterly for 1 out of 1 sampled residents (Resident #2).<br><br>The findings included:<br><br>Review of Resident #2's record on showed the resident was receiving | AE206 | | |

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| AE206 | Continued From page 20<br><br>feeding administered by licensed nurses at the facility. Review of the Service Plan created on revealed no documentation of a quarterly review and updates as applicable. The Regional Nurse was notified of these findings during interview at 3:00 PM on .<br><br>Class | AE206 | | |
| AE210 | 59A-36.011(8) FAC ECC - Training<br><br>(8) EXTENDED CONGREGATE CARE (ECC) TRAINING.<br>(a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite for this training. ECC supervisors who attended the assisted living facility core training prior to , , , shall not be required to take the assisted living facility core training competency test.<br>(b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, , , , or social needs of frail elderly and persons, or persons with 's or related .<br>(c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. | AE210 | | |

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| AE210 | Continued From page 21<br><br>The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and an interview, the facility failed to ensure the ECC (extended congregate care) Supervisor received the minimum mandatory training within the required timeframe.<br><br>The findings included:<br><br>On , the ECC Supervisor's training was reviewed for the facility's ECC license requirements. The supervisor is to complete 4 hours of training in ECC prior to the facility receiving its license, or within 3 months of employment. The ECC supervisor was hired on . The training certificate on file for the supervisor notes that 2 hours were completed on . The Regional Nurse was notified of these findings on at 3:00 PM.<br><br>Class III | AE210 | | |