

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965818	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BROOKDALE LAKE MARY

**150 MIDDLE STREET
LAKE MARY, FL 32746**

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

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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

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CZ816	Continued From page 2 s/Background_Screening/Regulations_Forms.sht ml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if _____ for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to _____ to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the _____ report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to have documentation to indicate 2 of 6 sampled staff (D & E) completed An Attestation of Compliance with Background Screening Requirements.	CZ816		

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CZ816	Continued From page 3 Findings: Review of caregiver D's personnel record revealed a hire date of . Review of nurse E's personnel record revealed a hire date of . Neither record contained a signed attestation of compliance with background screening requirements. On at 3:40 pm, the administrator confirmed the finding for nurse E. On at 4:10 pm, she confirmed the finding for caregiver D. Unclassified	CZ816			
CZ821 SS=D	59A-35.110() FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any 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;	CZ821			

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CZ821	Continued From page 4 (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/SingleSignOnPo rtal : 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/SingleSignOnPo rtal . 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 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/SingleSignOnPo rtal .	CZ821			

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CZ821	Continued From page 5 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 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	CZ821		

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CZ821	Continued From page 6 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. (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 electronically submit to the Agency for Health Care Administration (AHCA) a preliminary report within 1 business day and a full report	CZ821		

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CZ821	Continued From page 7 within 15 days after 1 of 1 sampled resident (#6) was sent to a hospital following a with injury. Findings: Review of resident #6's record revealed a facility admission date of . The resident's medical history included 's . The resident needed assistance with ambulation, transferring, bathing, grooming, and toileting. Both a and health assessment forms indicated the resident was a risk. The form indicated he had a . The one indicated he was alert with forgetfulness. A risk evaluation scored the resident a level 3 (highest risk.) The policy indicated, in part, that a post- evaluation is completed after a resident and individualized interventions are considered. On at 12:51 pm the resident was observed on the floor in his room. No post-evaluation was done. On at 2:53 pm the resident was observed on the floor with his against the recliner. He was unable to explain what happened. No post- evaluation was done. On at 5:47 pm the memory care coordinator reported the resident had a . The resident was unable to explain what happened. No post- evaluation was done. On at 2:49 pm the resident was found on the floor. He said he slid from his wheelchair. No	CZ821		

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CZ821	Continued From page 8 post- evaluation was done. On at 2:09 pm the resident was found on the floor next to his bed. No post- evaluation was done. On at 8:28 pm the resident was found on the floor next to his bed. No post- evaluation was done. On at 5:17 pm the resident was found on the floor near his toilet. His was . He was sent to a hospital. (There was no documentation of when he returned.) No post-evaluation was done. On at 2:25 pm a facility note indicated the resident had a and was sent to a hospital at around 12 am the night before and returned at 6:20 am. No post- evaluation was done. On at 5:16 pm a facility note indicated the resident was found on the floor the night before. No post- evaluation was done. On at 7:40 pm the resident was found on the floor in his room. A post- evaluation did not indicate an intervention. On at 1:15 pm the resident was sent to a hospital for low On at 11:50 am the resident returned from the hospital. On at 2:45 am the resident's alarm sounded. He was found on the floor near his bed. His wheelchair was tipped over on its side. He said he reached for something and . He was from a on his forehead and	CZ821			

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CZ821	Continued From page 9 complained of _____. He was transported to a hospital. No post-_____ evaluation was done. On _____ at 12:45 pm a facility note indicated the resident returned from the hospital the previous night. The director of nursing asked the resident's family to provide a private sitter due to the _____. The family said they were unable to do so. On _____ at 4:36 pm staff saw the resident stand up, try to walk then _____. No post-_____ evaluation was done. On _____ at 1:06 pm staff were alerted to the sound of the resident falling. The resident was then found lying on the dining room floor. He did not know why he stood up. No post-_____ evaluation was done. On _____ at 12:45 pm a caregiver reported seeing the resident stand up from his wheelchair. He had a piece of chocolate in one _____ and used his other _____ to zip up his jacket. When he sat _____ down the wheelchair was not locked and rolled from under him, causing him to _____. A post-_____ evaluation did not indicate an intervention. On _____ at 6:45 am the resident was in the common area. Staff saw him stand up and before they reached him he turned and _____. A post-_____ evaluation did not indicate an intervention. On _____ at 7:45 am the resident's motion alarm was heard. He was found lying on his left side on his room floor. No post-_____ evaluation was done. On _____ at 4:50 am staff heard the resident	CZ821		

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CZ821	Continued From page 10 calling out "hello." He was found on the floor in his room. A post- evaluation did not indicate an intervention. On at 6:30 am the resident was sitting in his wheelchair in the common area. The caregivers were assisting other residents in their room. This resident was heard yelling. Staff found him on the floor in front of his wheelchair and from a on his . He was sent to a hospital then returned at 10:50 am with . A post- evaluation did not indicate an intervention. On at 10:20 pm the resident was found on the floor near his bed. He was sent to a hospital where he was found to have a right (there was no documentation of when he returned.) No post- evaluation was done. On a referral was made to , for evaluation of safety awareness. On at 10:30 am a staff member responded to the motion alarm in the resident's room and found him on the floor lying on his right side. He sustained a on his and a burst in his . He was sent to a hospital. The post- intervention was to create a scheduled toileting plan. On at 2:06 pm he returned from the hospital. On at 12 pm the resident was found on the floor in his room. He said he was transferring to bed when he slipped to the floor. The post-intervention was to verify proper fitting clothing and shoes.	CZ821		

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CZ821	Continued From page 11 On _____ at 8:45 am the resident was found on the floor in front of his room. He said he tried to stand up and _____ into the wheelchair, which also _____ over. He sustained a scrape on his right _____. The post-_____ intervention was to verify approved safety devices are in good working order and applied correctly. On _____ at 1:50 am the resident was found on the floor in his room. He said he thought it was morning and was trying to put his shoes on. The post-_____ evaluation did not indicate an intervention. On _____ at 6:45 am the resident was found on the floor in his room. He said he tried to sit in his chair when he slid to the floor. The post-intervention was to assess footwear and make changes if needed. On _____ at 7:30 pm the resident was found on his left side lying on his room floor. He was unable to straighten out his _____. He said he stood up, bent down to scratch his _____ and _____. 911 was called and he was taken to a hospital. The post-_____ evaluation did not indicate an intervention. On _____ at 2:20 pm the hospital reported the resident suffered a left _____. On _____ at 11:25 am the resident returned from a rehabilitation facility. On _____ at 8:50 am the resident was found on his room floor near a chair. The post-intervention was to verify proper fitting clothing and shoes. On _____ at 10:30 pm the resident was found	CZ821		

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CZ821	Continued From page 12 on the floor near his bed. The post-intervention was to educate the resident on the use of his emergency call system. On at 5:18 am staff observed the resident walking out of his room without an assistive device. He before they could reach him. The post-intervention was clutter removed from resident environment to verify safe walkways. On at 11:24 am the resident was sent to a hospital for / / . On at 2:08 pm the resident returned from a rehabilitation facility. On at 9:50 pm the resident was found on his bathroom floor near the toilet. He was sent to a hospital. The post-intervention was a scheduled toileting plan (there was no documentation of when he returned.) On at 10:30 am the resident was found on the floor near his bed. The post-intervention was to verify safe walkways with furniture placement. On at 6 pm the resident had an unwitnessed in the living room of memory care. The note indicated "the resident was trying to stand up and walk for the last 2 hours. We kept sitting him down and trying to tell him it's not safe for him to be walking. We sat him in one of the comfortable chairs and 2 minutes later he stood up and lost his balance." The post-intervention was a referral to for evaluation of safety awareness. On at 9:20 pm the resident was observed on the floor in the memory care living	CZ821		

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CZ821	Continued From page 13 room. The note indicated the resident was trying to get up out of his chair and walk after being sat down multiple times. The post- intervention was to remind him to use an assistive device. On at 2:15 pm the resident was observed on the floor near a chair in his room. He said he stood to get a cookie and . The post- evaluation did not indicate an intervention. On at 9:55 am the director of nursing suggested to the resident's family that the resident sleep on his mattress on the floor due to his . On at 9:40 am, the resident was seen sitting in a wheelchair in the memory care common area. His was down, and his were closed. On at 2:03 pm, caregiver B said regarding the resident's , "we make sure he's comfortable in his wheelchair. He'll stand up for a quick second to stretch. He likes to sit in his recliner in his room. He does try to get up without help. When he does, he because he's not steady. We can't have an on him because if we do, he will try to get up and he will . You can turn around for one second and he stands up and down he goes. He likes to walk but he's unsteady. Some days are better than others. With his 's he shakes too much and gets ahead of himself when he walks." On at 2:15 pm, the administrator said regarding the resident's , "we do everything we can. With his he doesn't have control. Unless he had someone sitting next to him and they never went to the bathroom he would ."	CZ821		

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CZ821	Continued From page 14 She went on to say he had _____; he's kept in the common area, and she purchased him a sensory-type pillow for his _____. She said preliminary and full reports were not submitted to AHCA each time the resident was sent to a hospital following a _____ with injury because she believed the facility could not have prevented the _____. Class III	CZ821		
CZ875 SS=D	430.5025(4 & _____) / _____; Training (4) Employees of covered providers must complete the following training for _____'s _____ and related forms of _____: (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have _____'s _____ or related forms of _____. (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of _____, how to identify the signs and symptoms of _____, and skills for communicating and interacting with persons with _____'s _____ or related forms of _____. A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion.	CZ875		

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CZ875	Continued From page 15 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with _____'s or related forms of _____, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:	CZ875			

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CZ875	Continued From page 16 1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d). 2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding of _____ and related forms of _____, the stages of _____'s _____, communication strategies, medical information, and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning _____. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or _____-on experience to help develop and refine the employee's skills for caring for a person with _____'s _____ or a related form of _____. The continuing education must cover at least one of the topics included in the _____-specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning _____, chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.	CZ875		

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CZ875	Continued From page 17 (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, _____, or referred to provide services before _____, must complete the training required in this section before _____. Proof of completion of equivalent training completed before _____ shall substitute for the training required in subsection (4). Each person employed, _____, or referred to provide services on or after _____, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to ensure 2 of 6	CZ875		

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CZ875	Continued From page 18 sampled caregivers completed a 1-hour training program on _____ and Related (ADRD) within 30 days after beginning employment (C, E). Findings: Review of unlicensed caregiver C's record revealed a hire date _____. The records did not contain documentation to indicate the caregiver completed a 1-hour training program on ADRD within 30 days after beginning employment. Review of nurse E's personnel record revealed a hire date of _____. The record did not contain documentation to indicate the nurse completed a 1-hour training program for _____'s and related forms of _____ provided by the department of elder affairs within 30 days after beginning employment. On _____ at 2:53 pm, the administrator confirmed the finding. On _____ at 4:20 pm, the Administrator confirmed the findings and provided no additional documentation. Class III	CZ875			
A 000	Initial Comments A re-licensure survey and generator monitoring was conducted at Brookdale Lake Mary on _____. The facility had deficiencies at the time of the visit.	A 000			

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A 025 SS=G	Continued From page 19 429.26(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 activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.	A 025 A 025			

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A 025	Continued From page 20 (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 residents by failing to provide adequate supervision and ensure safety through proactive measures to minimize the potential for and injuries for 1 of 2 sampled residents (#6.) Findings: Review of resident #6's record revealed a facility admission date of . The resident's medical history included 's. The resident needed assistance with ambulation, transferring, bathing, grooming, and toileting. Both a and health assessment forms indicated the resident was a risk. The form indicated he had a . The one indicated he was alert with forgetfulness.	A 025		

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A 025	Continued From page 21 A risk evaluation scored the resident a level 3 (highest risk.) The policy indicated, in part, that a post- evaluation is completed after a resident and individualized interventions are considered. On at 12:51 pm the resident was observed on the floor in his room. No post- evaluation was done. On at 2:53 pm the resident was observed on the floor with his against the recliner. He was unable to explain what happened. No post- evaluation was done. On at 5:47 pm the memory care coordinator reported the resident had a . The resident was unable to explain what happened. No post- evaluation was done. On at 2:49 pm the resident was found on the floor. He said he slid from his wheelchair. No post- evaluation was done. On at 2:09 pm the resident was found on the floor next to his bed. No post- evaluation was done. On at 8:28 pm the resident was found on the floor next to his bed. No post- evaluation was done. On at 5:17 pm the resident was found on the floor near his toilet. His was . He was sent to a hospital. (There was no documentation of when he returned.) No post- evaluation was done.	A 025		

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A 025	Continued From page 22 On at 2:25 pm a facility note indicated the resident had a and was sent to a hospital at around 12 am the night before and returned at 6:20 am. No post- evaluation was done. On at 5:16 pm a facility note indicated the resident was found on the floor the night before. No post- evaluation was done. On at 7:40 pm the resident was found on the floor in his room. A post- evaluation did not indicate an intervention. On at 1:15 pm the resident was sent to a hospital for low . On at 11:50 am the resident returned from the hospital. On at 2:45 am the resident's alarm sounded. He was found on the floor near his bed. His wheelchair was tipped over on its side. He said he reached for something and . He was from a on his forehead and complained of . He was transported to a hospital. No post- evaluation was done. On at 12:45 pm a facility note indicated the resident returned from the hospital on the previous night. The director of nursing asked the resident's family to provide a private sitter due to the . The family said they were unable to do so. On at 4:36 pm staff saw the resident stand up, try to walk then . No post-evaluation was done. On at 1:06 pm staff were alerted to the	A 025			

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A 025	Continued From page 23 sound of the resident falling. The resident was then found lying on the dining room floor. He did not know why he stood up. No post- evaluation was done. On at 12:45 pm a caregiver reported seeing the resident stand up from his wheelchair. He had a piece of chocolate in one and used his other to zip up his jacket. When he sat down the wheelchair was not locked and rolled from under him, causing him to . A post- evaluation did not indicate an intervention. On at 6:45 am the resident was in the common area. Staff saw him stand up and before they reached him, he turned and . A post-evaluation did not indicate an intervention. On at 7:45 am the resident's motion alarm was heard. He was found lying on his left side on the floor of his room. No post-evaluation was carried out. On at 4:50 am staff heard the resident calling out "hello." He was found on the floor in his room. A post- evaluation did not indicate an intervention. On at 6:30 am the resident was sitting in his wheelchair in the common area. The caregivers were assisting other residents in their room. This resident was heard yelling. Staff found him on the floor in front of his wheelchair and from a on his . He was sent to a hospital then returned at 10:50 am with . A post- evaluation did not indicate an intervention. On at 10:20 pm the resident was found	A 025			

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A 025	Continued From page 24 on the floor near his bed. He was sent to a hospital where he was found to have a right (there was no documentation of when he returned.) No post- evaluation was carried out. On a referral was made to , , for evaluation of safety awareness. On at 10:30 am a staff member responded to the motion alarm in the resident's room and found him on the floor lying on his right side. He sustained a on his and a burst in his . He was sent to a hospital. The post- intervention was to create a scheduled toileting plan. On at 2:06 pm he returned from the hospital. On at 12 pm the resident was found on the floor in his room. He said he was transferring to bed when he slipped to the floor. The post-intervention was to verify proper fitting clothing and shoes. On at 8:45 am the resident was found on the floor in front of his room. He said he tried to stand up and into the wheelchair, which also over. He sustained a scrape on his right . The post- intervention was to verify approved safety devices are in good working order and applied correctly. On at 1:50 am the resident was found on the floor in his room. He said he thought it was morning and was trying to put his shoes on. The post- evaluation did not indicate an intervention. On at 6:45 am the resident was found on	A 025		

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A 025	Continued From page 25 the floor in his room. He said he tried to sit in his chair when he slid to the floor. The post-intervention was to assess footwear and make changes if needed. On at 7:30 pm the resident was found on his left side lying on his room floor. He was unable to straighten out his . He said he stood up, bent down to scratch his , and . 911 was called and he was taken to a hospital. The post- evaluation did not indicate an intervention. On at 2:20 pm the hospital reported the resident suffered a left , . On at 11:25 am the resident returned from a rehabilitation facility. On at 8:50 am the resident was found on his room floor near a chair. The post-intervention was to verify proper fitting clothing and shoes. On at 10:30 pm the resident was found on the floor near his bed. The post-intervention was to educate the resident on the use of his emergency call system. On at 5:18 am staff observed the resident walking out of his room without an assistive device. He before they could reach him. The post- intervention was clutter removed from resident environment to verify safe walkways. On at 11:24 am the resident was sent to a hospital for , / / . On at 2:08 pm the resident returned from a rehabilitation facility.	A 025			

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A 025	Continued From page 26 On _____ at 9:50 pm the resident was found on his bathroom floor near the toilet. He was sent to a hospital. The post- _____ intervention was a scheduled toileting plan (there was no documentation of when he returned.) On _____ at 10:30 am the resident was found on the floor near his bed. The post- _____ intervention was to verify safe walkways with furniture placement. On _____ at 6 pm the resident had an unwitnessed _____ in the living room of memory care. The note indicated "the resident was trying to stand up and walk for the last 2 hours. We kept sitting him _____ down and trying to tell him it's not safe for him to be walking. We sat him in one of the comfortable chairs and 2 minutes later he stood up and lost his balance." The post- _____ intervention was a referral to _____ for evaluation of safety awareness. On _____ at 9:20 pm the resident was observed on the floor in the memory care living room. The note indicated the resident was trying to get up out of his chair and walk after being sat down multiple times. The post- _____ intervention was to remind him to use an assistive device. On _____ at 2:15 pm the resident was observed on the floor near a chair in his room. He said he stood to get a cookie and _____. The post- _____ evaluation did not indicate an intervention. On _____ at 9:55 am the director of nursing suggested to the resident's family that the resident sleep on his mattress on the floor due to his _____.	A 025		

AHCA Form 3020-0001
STATE FORM

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A 078	Continued From page 28 performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.	A 078		

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A 078	Continued From page 29 (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to obtain documented evidence for 2 of 6 sampled staff (A, C) submitted a one-time statement they are free of communicable including status within 30 days of employment as required. 59A-36.010(2) FAC Findings: Review of unlicensed caregiver A's record revealed a hire date of . There was no documented evidence an annual exam was conducted for 2024. The records contained the last exam documentation dated . On at 2:50 pm, the Administrator stated, unlicensed caregiver A has the x-ray and its good for five years.	A 078			

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A 078	Continued From page 30 Review of unlicensed caregiver C's record revealed a hire date of _____. There was no documented evidence that a one-time communicable _____ statement was obtained. On _____ at 2:50 pm, the Administrator stated, I don't have that. I contacted Care Spot to get a copy. I will have to send her _____. On _____ at 4:20 pm, the Administrator confirmed the findings and provided no additional documentation. (photographic evidence obtained) Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011() FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee 's personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training	A 081		

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A 081	Continued From page 31 requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility.	A 081		

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A 081	Continued From page 32 (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095,	A 081		

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A 081	Continued From page 33 F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to obtain the staff in-service training for 2 of 6 sampled staff (C, E) within 30 days of employment as required. Findings: Review of unlicensed caregiver C's record revealed a hire date of . The record revealed a 2hr pre-service orientation certificate dated . Further review of the certificate	A 081		

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A 081	Continued From page 34 determined it was not signed by the staff prior to interacting with residents. Review of nurse E's personnel record revealed a hire date of . An 2-hour preservice orientation certificate of training was signed only by the administrator and not also by the nurse. On at 3:40 pm, the administrator confirmed the finding. Class III	A 081			
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and	A 084			

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A 084	Continued From page 35 procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and that are prefilled by the	A 084			

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A 084	Continued From page 36 manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with _____; j. Use a _____ to perform _____ testing; k. Assist residents with _____ and continuous positive airway pressure (CPAP) devices, excluding the titration of the _____ levels; l. Apply and remove _____ stockings and hosiery; m. Placement and removal of _____ bags, excluding the removal of the _____ or manipulation of the _____ site; and, n. Measurement of _____ rate, temperature, and _____ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.	A 084			

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A 084	Continued From page 37 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 5 unlicensed staff (D) who assisted with self-administration of medications completed a minimum of 6 hours of training before providing assistance. Findings: Review of unlicensed caregiver D's personnel record revealed a hire date of . The record did not contain a minimum of 6 hours of training on providing assistance with self-administration of medications. On at 4:10 pm, the administrator confirmed the finding. Class III	A 084		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans,	A 093		

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A 093	Continued From page 38 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.	A 093			

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A 093	Continued From page 39 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the	A 093		

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A 093	Continued From page 40 purposes of _____ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on _____. (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has _____ with residents to serve, must be on _____ at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, menu review and interview, the facility failed to prepare an item on the menu in enough time to serve it and failed to document a substitute before or at the time the meal was served. Findings: On _____ at 11:55 am, the residents in memory care were served chicken, mashed potatoes and cabbage for lunch. Review of the menu revealed herb baked haddock would be served. None of the residents in memory care were served haddock. In addition, chicken was not documented on the substitution log. On _____ at 12:10 pm, the dietary manager said	A 093		

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A 093	Continued From page 41 the haddock was served in the assisted living dining room but not in memory care because she did not prepare and cook it early enough to be ready for their lunch meal. She said she was busy getting documents requested by the Agency. She also confirmed chicken was not documented on the substitution log. Class III	A 093			