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
	AL11968942	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FOUNTAINS OF HOPE	2250 JESUS WAY SARASOTA, FL 34240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, emergency power plan monitoring, health facility reporting system, visitation form, and complaint survey for #2024003825, #2024008308, and #2024009420 was conducted on through at The Fountains of Hope, an assisted living facility in Sarasota, Florida. Complaint #2024003825 was not substantiated. Complaint #2024008308 was not substantiated. Complaint #2024009420 was not substantiated. The following is description of the deficiencies: .	A 000		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and	A 052		

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A 052	Continued From page 1	A 052		

dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.
(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .
(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(4) Assistance with self-administration of medication does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a of the body.
(d) Administration of preparations.
(e) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with , , or preparations.
(g) Assisting with medications ordered by the physician or health care professional with

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A 052	Continued From page 2 prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused	A 052		

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A 052	Continued From page 3 doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when	A 052		

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A 052	Continued From page 4 assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure staff providing assistance with self-administration of medications do so appropriately and followed facility policy and procedures for 1 (Resident #3) of 3 observations. The findings included: Medication Assistance and Administration. Date Revised: . Policy: It is the policy of this community to ensure each resident receives medications safely, as directed by the prescribing practitioner, and in compliance with state assisted living regulations. On at 11:25 a.m., observation showed Staff B, provided assistance with self-administration of medications to Resident #3. Staff B placed the medication Carb/Levo 25-100 milligram medication in the cup then handed the cup to Resident #3 and said, "here is your 's medicine." Staff B did not orally advise Resident #3 the name, or the dosage of the medication given. On at 11:29 a.m., observation showed Staff B provided assistance with self-administration of medications to Resident #3. Staff B was observed to take out the box containing the medication Gel 1% from the cart, bring the tube in to Resident #3's room, squeeze a small amount of medication into her gloved then administered the gel to	A 052		

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A 052	Continued From page 5 Resident #3's . Staff B failed to measure the correct dosage of 2 grams per the instructions on the medication box and the physicians order. Staff B failed to administer the gel to the residents elbows per physician' s order. On at 11:20 a.m., observation showed that Staff B, provided assistance with self-administration of medications to Resident #3. Staff B placed the Carb/Levo 25-100 milligram tablet in the cup, she then handed the cup to Resident # 3 and said, "here is your medicine." Staff B did not tell Resident #3 the name, and or dosage of the medication given. On at 11:23 a.m., observation showed Staff B provided assistance with self-administration of medications to Resident #3. Staff B was observed to take out the box of Gel 1% from the cart, bring the tube of medication in to Resident #3's room, place a small amount of gel into her gloved , rub it into the patient's and return the medication to the cart. Staff B failed to measure the correct dosage of 2 grams, using the tool included in the medication box per physician's order. Staff B failed to administer the Gel to the residents elbows per physician' s order. On at 11:25 a.m., during an observation with Staff B revealed a measuring tool in the box containing the Gel 1% medication. Review of Resident #3's physician order for the Gel, read, Gel 1%, Apply 2 grams to and elbows four times daily at 8AM, 12PM, 5PM and 8PM *Use measuring tool in box* for , . Staff B failed to follow physicians orders as written.	A 052		

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A 052	Continued From page 6 On at 11:30 a.m., during an interview, Staff B, said, I am supposed to tell the resident the name of the medication not just what it is for when I give it to them. Staff B said I have never used the measuring tool for the Gel. I just apply a film to the resident's . I didn't put the Gel on her elbows because she always refuses. There is a place on the Electronic Medication Administration Record (EMAR) to make notes but I did not document that she refused, or notify the Nurse. On at 11:35 a.m., during an interview with the Administrator, she said the procedure for Assistance with self- administration of Medication, is for the med tech to confirm the name and dosage of the medication with the order, and tell the resident the name, purpose and dosage of the medication when it is being given to them. The Administrator confirmed there are no medication waivers. The Administrator stated if a resident refuses a medication, a note should be put into the electronic medication record and then the wellness director or nurse on shift should be notified. On at 12:35 p.m., during an interview, the Administrator confirmed staff B did not follow proper procedure when assisting Resident #3 with her medications, as she did not tell her what meds she was being given, and did not use the tool to measure and administer the correct dosage of the Gel medication as ordered, and apply it to the areas needed according to the physician orders. Class III .	A 052		

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A 078	Continued From page 7	A 078		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not 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	A 078		

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A 078	Continued From page 8 responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility ˛ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure employee records contained documentation of a negative examination completed on an annual basis for 1 (Memory Care Director) of 4 records reviewed. The findings included: Record review of the Memory Care Director's file revealed a hire date of . Further review revealed documentation of a clear , completed on . There was no further	A 078		

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A 078	Continued From page 9 documentation of a negative examination found in the file. On at 3:00 p.m., during an interview with the Administrator, she said she thought if the employee had a , they would be good for 5 years and would not need a yearly exam or any further documentation. 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 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	A 081		

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A 081	Continued From page 10 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. (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,	A 081		

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A 081	Continued From page 11	A 081		

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, 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

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A 081	Continued From page 12 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 record review, and interview, the facility failed to ensure staff complete required training within 30 days of hire and ensure the training completed is based on the facility policy and procedures for 3(Staff A, B, and Memory Care Director) of 4 records reviewed. The findings included: Record review for Staff B revealed a hire date of as a caregiver/medication technician. Further review revealed documentation of certificates of completion for About Advanced Directives on , , Neglect and , on , and Managing Elopement, completed on , using Relias, a	A 081		

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A 081	Continued From page 13	A 081		

computer based online training program for which the training is not based on the facility policy and procedures. The training completed was not done within 30 days of hire as required.

Record review for Staff A revealed a hire date of as a caregiver/medication technician. Further review revealed documentation of certificates of completion for Control on , About Advanced Directives on , , Neglect and , on , and Managing Elopement, completed on using Relias, a computer based online training program for which the training is not based on the facility policy and procedures. There was no documentation of completion of training related to the facility emergency procedures. The training completed was not done within 30 days of hire as required.

Record review for the Memory Care Director (MCD) revealed a hire date of . Further review of the MCD file revealed documentation of certificates of completion for Managing Elopement on , About Advance Directives on , Control: Basic Concepts on , Fire safety: The basics on , and , Neglect and , Self-Paced on using Relias, a computer based online training program for which the training is not based on the facility policy and procedures. The training completed was not done within 30 days of hire as required.

On at 1:50 p.m., during an interview, the Business Office Manager (BOM) states she is the person responsible for the employee records and sets up the employees for training , and they use online computer training through Relias. The BOM stated the training is not based on the

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THE FOUNTAINS OF HOPE	2250 JESUS WAY SARASOTA, FL 34240

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 081	Continued From page 14 facility policies and procedures, it is based on Florida rules. On at 2:00 p.m., during an interview, the Administrator stated the employee training is completed online using the Relias Training system. The Administrator confirmed the training is not based on the facility policies and procedures. The Administrator said, "I did not know they needed to be based on the facility policy and procedures." Class III .	A 081		
A 091 SS=D	59A-36.011(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in	A 091		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 091	Continued From page 15 this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to appropriately document the required training for 3 (Staff A, B, and Memory Care Director) of 4 records reviewed. The findings included: Record review for Staff B revealed a hire date of as a caregiver/medication technician. Further review revealed documentation of certificates of completion for About Advanced Directives on , , Neglect and , on , and Managing Elopement, completed on . The training certificates did not include the location of the training and the training program agenda. Record review for Staff A revealed a hire date of as a caregiver/medication technician. Further review revealed documentation of certificates of completion for Control on , About Advanced Directives on , , Neglect and , on , and Managing Elopement, completed on . The training certificates did not include the location of the training and the training program agenda.	A 091		

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
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A 091	Continued From page 16 Record review for the Memory Care Director (MCD) revealed a hire date of . Further review of the MCD file revealed documentation of certificates of completion for Managing Elopement on , About Advance Directives on , Control: Basic Concepts on , Fire safety: The basics on , and , Neglect and , Self-Paced on . The training certificates did not include the location of the training and the training program agenda.. On at 2:40 p.m., during an interview with the BOM, she confirmed there was no program agenda with the training completed and no location of the training documented on the certificates in the employee files. Class III .	A 091		