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
	AL11953207	A. BUILDING: _____ B. WING _____	12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW	145 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401

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A 000	Initial Comments An unannounced Relicensure, Complaints (2023010159, 2023010840, 2023016711, 2023017467) and Generator Monitoring survey was conducted on through at Fountainview. The facility had deficiencies related to the Relicensure and licensure complaints (2023010840 & 2023017467) at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual	A 010		

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

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A 010	Continued From page 2 Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a , may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a	A 010		

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A 010	Continued From page 3 plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their	A 010		

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A 010	Continued From page 4 professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation, it was determined that the facility failed to ensure residents were reassessed for continued residency upon significant health changes to ensure the resident met the criteria for continued residency and that the facility was capable of providing care and services based on the resident's needs and diagnosis, for 4 out of 8 sample resident records reviewed (Resident's # 9, 12, #19 and 26). The findings included: A review of the facility's Residency Agreement documented the following: 2. Our Services (b) Personal Care Services In addition to the Basic Services, we will provide with personal care services designed to supplement and assist your normal activities of daily living ("Level of Care"). During the first 30 days of your stay with us, we will endeavor to complete a reassessment to verify that we are providing you with the personal care services appropriate for your needs. Thereafter, no less often than annually and in accordance with applicable regulations, we will perform an evaluation of your needs to determine whether your condition has changed. If we are determined that the personal care services, we are providing you are not appropriate for your needs, we will consult with you and implement a change in the services we are providing.	A 010		

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A 010	Continued From page 5 1)Based on observations of Resident # 9 on at approximately 10:50 AM, it was observed that the resident was lying on his bed waiting on staff to move him from bed to recliner. Resident #9 stated he's been waiting on staff since early morning. During an interview on at approximately 7:40 AM, Staff O, Certified Nursing Assistant (CNA) was in the resident's room waiting for another staff to assist with transfer of resident from bed to his recliner. Staff O stated that the facility relies on Staff C for transferring and she also stated he is the only male in the facility that has the strength to move resident. At this time, Staff O was asked by the surveyor if Staff C is not available who helps with the transfer and she stated transfer is performed with two (2) people assist, due to resident unable to move his . A review of Resident # 9 file documented he was admitted on . Review of the Health Assessment (AHCA Form 1823) dated revealed the following: Medical history and Diagnosis: , ( ), of , Disc, , ( ). status: Mild , . Special Precautions as: precaution. Activities of Daily Living (ADL's): Independent as transferring, Supervision as toileting and grooming, Needs Assistance as ambulating, bathing and . Further review of Resident#9's progress notes documented as follow: A) at 9:16 AM-Resident is in bed unable to sit up without assistance, two people needed to assist with repositioning. Also, the writer attempted to assist the resident	A 010		

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A 010	Continued From page 6	A 010		

withstanding up to get him in wheelchair, but he was unable to stand despite multiple attempts.

B) at 11:15 AM -Resident was assisted off the bed to sit on his recliner and he still was not able to stand up to assist.

C) at 11:43AM with ADLs and transfers due to resident inability to help caregiver.

D) at 11:25 AM with ADLs and transfers due to resident inability to help caregiver.

During an interview with Staff B (Director of Resident Care) on at 2:10 PM, she was asked to provide an updated health assessment that addresses Resident#9 ADL's and related significant changes. At this time, she stated that the facility had provided the surveyors with all current information on Resident #9 that reflects his current condition. She stated the facility had not reassessed the resident reflective of the current

2) During an interview in Resident #12's apartment with the Private Duty Aid (PDA) on at approximately 4:15 PM, she stated the resident is bedbound and he receives 24-hour care. During an observation during the interview, the surveyors noticed a hospital tray table with a bottle of Ensure (meal supplement) on top. At this time the PDA was asked if the resident is on a special diet, and she stated yes. She stated Resident #12 gets his meal pureed in his apartment. The PDA stated she used a fork and mashed the meals. The Surveyor asked if the Director of Resident Care was aware of the resident's change in diet and PDA stated she

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A 010	Continued From page 7 does not know. A review of Resident #12's file documented he was admitted on . Review of the Health Assessment (AHCA Form 1823) dated revealed the following: Medical history and diagnoses: , , Acute Injury (AKI), (.), , , ( ), or Behavioral Status: Alert oriented x 3 Nursing/Treatment/ Service Requirements: Medication Administration Special Precautions: Hospice Activities of Daily Living revealed the following: Ambulation Resident# 12 is Total Care- Bathing Resident #12 requires Assistance- Resident # 12 needs Assistance- Eating Resident # 12 needs Supervision-Self-Care (grooming) Resident #12 needs Assistance- Toileting Resident # 12 is Total -Care- Transferring Resident #12 is Total -Care. Special Diet as: Regular and No Added Salt. Further review of the Medication Report Review dated documented Dietary as No Added Salt (NAS) diet Regular texture, Regular consistency. During an interview with Staff B (Director of Resident Care) on at approximately 3:00 PM she was informed to provide an updated health assessment that reflects Resident#12 dietary changes. At this time, she stated that the facility had provided the surveyors with all current information on Resident #12, and she also stated she was not aware of the PDA mashing resident's meals. During an interview on at 7:10 PM with the Administrator and Staff B they both	A 010		

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A 010	Continued From page 8 acknowledged the findings. No additional documentation was provided at the time of the survey. 3) Observations of Resident #19 on at 5:15 PM revealed the resident was extremely , suffered from hearing loss and vision problems. During the interview the resident had a hard time hearing and seeing the Surveyor and the Regional Nursing Director and the Administrator. The resident was questioned regarding her administering her own medications and the location of the medications. The resident was unable to explain how she was taking the medication or the process. Upon further observations of the resident's room, it was revealed the resident had unknown medications in the room, incorrect medications in bottles. When questioned at this time, she was unable to provide any explanation. At this time, the Administrator and the Regional Director both agreed the resident was , suffered from major hearing , and was extremely . Review of Resident #19's Health Assessment (AHCA form 1823) dated , documented the resident's medical history and diagnoses as , Gait, , Imbalance. The resident's physical and sensory limitations were documented as needs to use a walker- risk. The form also documented that the resident was alert and oriented x3. The resident is noted to have special precautions as risk. The resident's Activities of Daily Living documented as independent with , eating, self-care and toileting; required assistance with ambulation and bathing; and that the resident only required supervision with transferring. The resident's documented dietary requirements were noted as	A 010		

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A 010	Continued From page 9 mechanically altered diet, nectar consistency. The form also documented that the resident was able to self-administer her own medications. During an interview with the Administrator and the Regional Director on at 6:30 PM, it was revealed that the Health Assessment for Resident #19 was not accurate or reflective of the resident's care needs. It was also confirmed that the resident was not capable of self-administering her own medication, even though the facility had assessed her prior as independent with her medications. Further reviews of the facility's service care plans completed by the facility throughout the year were also not accurate or reflective of the resident's current care needs. 4) Observations of Resident #26 on at 5:45 PM revealed the resident was extremely weak and fatigued lying in a hospital bed (with both side-rails in the up position) in her bedroom moaning for help. The bedroom was noted to be quite no sounds of music or television and barely any light in the room. Her food(dinner) and previous lunch meals were observed in a bag sitting on the kitchen counter from the facility's dietary department/kitchen (unopened) which was adjunct to her bedroom. At this time, the Administrator and the Regional Director were questioned whether the resident had been fed her lunch or dinner as the items revealed they had not been touched (still sealed); neither were able to confirm. They were also questioned regarding how frequently staff monitored this resident and provided ADL care. They stated they would have to check with staff and get with me. Further observations of the resident revealed a foul odor and her moaning help and that someone had slapped her (faint voice); the resident was	A 010		

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A 010	Continued From page 10 extremely . At this time, the Administrator immediately called for help from staff to assist with changing the resident and feeding her. The Administrator was also questioned, if the resident was on Hospice, she stated "yes". She was unable to advise of the hospice care/visit schedule with respect to the resident. She further stated that they would investigate the resident's allegations moaned verbally. Upon exiting the resident's room, two (2) signs (undated) were noted to be taped on the kitchen cabinet. Sign #1 showed the following: Please assist (Resident #26) with the following. 1. Mom needs help reaching staff and says dialing 0 or pushing the pendant doesn't work. 2. When staff come in to check on her, could they please ask her if she needs help on using the phone, the tv remove, or how to use the pendant routinely. 3. Mom can shower, get out of bed and get dressed herself. She really needs help in plating her breakfast and dinner when delivered and ensure the dishes are washed. 4. Mom needs help placing dirty laundry in the basket and can staff please help her laundry away as she can't lift it to put on the bed. 5. For the forcible future, please have Mom's dinner delivered to her apartment as she is not ready to come down yet. Please ensure that (Resident #26) is getting the above items done. Sign#2 showed the following: Please help her with the following items. 1. Assist her with making calls. Remind and show her how it's down and assist her with dialing numbers. 2. Please encourage resident to go to the dining	A 010		

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A 010	Continued From page 11 room for meals. (Escort her to meals). Also, if she is receiving room service, please set her up before leaving. 3. Assist her with the television. 4. Remind her to use the lifeline button for assistance also remind her that she is calling the staff not 911. Review of Resident #26's Health Assessment dated revealed the resident's medical history and diagnoses such as Demetia, , , , , . The resident is not as alert and oriented x2, forgetful with , disorientation and , . The resident is documented as receiving hospice services and a precaution. The resident's ADLs are documented as independent with ambulation, eating, toileting and transferring and required assistance with bathing, and self-care. The form does not document any special dietary requirements, and the resident required medication assistance. During an interview with the Administrator and the Regional Director on at 6:45 PM, it was revealed that the Health Assessment for Resident #26 was not accurate or reflective of the resident's care needs. Further reviews of the facility's service care plans completed throughout the year revealed they were not accurate or reflective of the resident's current care needs. The Regional Director also confirmed that the facility should be monitoring the resident closely and have a system to ensure that the resident received total care, as the resident is not capable of performing her ADLs without total care. Class III	A 010		

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A 030	Continued From page 12	A 030		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the	A 030		

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A 030	Continued From page 13 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 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State	A 030		

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A 030	Continued From page 14 of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when	A 030		

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A 030	Continued From page 15 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 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.	A 030		

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A 030	Continued From page 16 (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and Rights Florida.	A 030		

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A 030	Continued From page 17 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and observation, it was determined that the facility failed to implement and follow an effective Grievance Procedure that demonstrated a system for receipt and resolution of all grievances of residents and/or their representatives. The findings included: During an interview with the Administrator on , the facility grievance policy and procedure was requested for review. A review of the facility's policy and procedure entitled Complaints and Grievances with an effective date of documented the following.	A 030		

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A 030	Continued From page 18 I. Policy Statement Residents and their representatives, family members, or advocates have the right to make complaints or grievances without fear or reprisal or retribution from the community. The community's goal is to provide prompt investigation and resolution of all Complaints and Grievances. The purpose of this policy is to establish guidelines for the handling of, and response to, Complaints and Grievances, as defined herein, raised by residents, their representatives, or family members. II. Definitions 1. A Complaint is an oral expression of displeasure, dissatisfaction, or concern that is communicated to a staff member and can be resolved promptly by either the Executive Director or the Administrator of the community. 2. A Grievance is a written complaint or verbal complaint that cannot be resolved promptly by the Executive Director or Administrator of the community. Additionally, the following circumstances (below) constitute a Grievance. a. Any complaint that is reduced to writing is considered a grievance. b. Whenever the resident, his/her representative, or family member requests that a complaint be handled as a formal grievance. c. Or when a written response is requested from the community then it is managed as a grievance. 3. Staff Present means any employee of Five Star (community, regional, divisional or corporate) who is present at the time a complaint is made, or who can quickly be present at the appropriate location, to resolve the complaint.	A 030		

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A 030	Continued From page 19 4. A Resident Representative is a. An individual chosen by the resident to act on his or her behalf in decision making; accessing the resident's medical record, social or other personal information managing financial matters or receiving notifications. b. A person authorized by state or federal law to act on behalf of the resident in order to support him or her in decision making, accessing the resident's medical, social or other personal information; managing financial matters or receiving notifications; c. A legal representative, as defined by law; or d. A court-appointed guardian or conservator. 5. A designated complaint/Grievance Officer is an individual who is responsible for overseeing the Grievance process. a. In a healthcare Community, in most instances, the complaint/Grievance Officer is the social services director or other appropriate designee. b. In an assisted living community, in most instances, the complaint/ Grievances Officer is the Executive Director or other appropriate designee. c. Information on contacting the Complaint/Grievance Officer is included in staff education. In an interview with Staff A (Administrator), Staff B (Director of Resident Care) and Staff C (Assistant Director of Resident Care) on at 10:45 AM and 1:24 PM, they were questioned regarding who monitors the call bell system. Staff C stated he oversees the call bell system and supervises the direct care staff. Staff B and Staff C stated staff are provided with pagers that receive a signal from the call bell system during each of their shifts. The staff are assigned to	A 030		

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A 030	Continued From page 20 each floor and respond to residents' needs and the call-bell system. It was revealed that once the staff respond to the "call" they are supposed to clear the system. It was also revealed that Staff C is supposed to review the call bell roster daily for any concerns or problems and follow up with staff. However, Staff C stated he is not able to complete this task as he has to assist staff with providing ADLS care to residents and completing other tasks in the facility, "he doesn't have enough time". A request was made for 2 weeks (further request expanded to the month of to current) of documentation of the call- bell device system response log for the entire facility. In addition, the facility grievance binder/documentation was requested for review. Based on review of the facility's Grievance Policy and Procedures, the grievance binder and interviews conducted with residents and family between and between 8 AM and 7 PM revealed the following concerns: 1) Review of documented grievances(forms) from 2023 and 2024 revealed incomplete documentation of the grievances, follow-up and resolutions. Many of the completed forms failed to identify Management oversight or review. During an interview with Staff B and Staff C on at 11:15 AM, it was revealed that many of the residents verbally inform them of their concerns and they resolve them immediately. Both were informed that verbal and written complaints must be documented to also include resolutions. 2)During multiple confidential resident and family	A 030		

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A 030	Continued From page 21 interviews conducted between through from 8 AM and 7 PM, it was revealed that the facility has multiple issues that the facility never addresses. The main concerns voiced were regarding staff not responding to the call bell system request by residents, not enough staff especially over the weekend, food issues, attitudes of direct care staff when responding to residents' care needs or requests, excessive wait times upon calling for help through the call bell system, facility not washing laundry in a timely manner and returning the items, not enough laundry or housekeeping staff , housekeeping concerns, medication assistance times delayed. 3) A review of the Call Bell system print- out for the month of through for the entire facility revealed multiple concerns with the call bell response times by facility staff. On multiple occasions, on a daily basis, the call wait time was extremely excessive, more than 60 minutes to the next day wait time or no response at all. This pattern occurred for multiple days throughout the week and weekends. However, Management staff failed to address this matter and improve the wait times to ensue resident's safety and well-being were addressed and maintained. Facility had no documentation reflecting monitoring, auditing or staff meeting to address the excessive call waiting times. 4) A sample audit of Resident #7 - A review of the call bell system report for and for Resident #7 revealed and documented the following. On at 2:20PM pendant pressed, the system announced the call 90 times, Response required but not received as of 8:20PM. As of 8:20PM this alert was never responded too.	A 030		

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A 030	Continued From page 22 On pendant pressed at 1:11PM, announced 17 times Response Required but not received as of 2:15PM On pendant was pressed at 1:03PM, the system announced 26 times, Staff responded at 2:45PM (102 minutes) On the pendant was pressed at 2:48 PM, the call system announced 65 times, Staff responded at 7:08PM (283 minutes) 4.72 hours before staff responded to the resident. On pendant was pressed at 10:47AM, the alert was announced 58 times, Staff responded at 2:37PM (230 min. before staff responded to the resident call alert) On pendant pressed at 2:47PM, the alert was announce 90 times, Response Required but as of 8:47PM no response. As of 8:47 PM the alert was never responded to. After reviewing the call system response report the following concerns were noted: Subsequent to the interviews with residents, and record review of the Call Device Report on , the Surveyor asked Resident #7 to press the button on her call response pendant at 1:05 PM on . Observations revealed that at 1:20 PM, no staff had responded to the resident's call from her pendant call device. As of 1:35PM no facility staff had responded to Resident #7 1:20PM pendant call. At this time, the Surveyor then walked downstairs to the Director of Resident Care and the Assistant Director of Resident Care's office.	A 030		

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A 030	Continued From page 23 At 1:45 PM on an interview with the Assistant Director of Resident Care, he stated that no staff had yet responded to the call. A review of the call service response report revealed that the call had not been cleared, and that no staff had responded or acknowledged the call from the resident. Staff C informed the Administrator and the Director of Resident Care that Resident #7 call button was activated, and no one had responded. The surveyor obtained photo evidence of the call device report shown on the computer monitor screen. The call device report for Resident #7 call pendant status showed "response required but not received as of 2:15 PM. Staff C informed the Administrator and Director of Resident Care who immediately addressed this with the staff assigned to the 5th floor. An observation by the surveyor revealed that at 5:56 PM Staff were in a meeting with the Administrator, Director of Resident Care and Staff C about not responding to call devices, but this was only addressed after the Surveyors intervened. 5) A review of the facility's monthly Council Meetings from , , and , documented the following topics: a) Topics of discussion dated documented as follows: Pendants, Missing laundry items. b) Topics of discussion dated documented as follows: Laundry issues, Pendant issues continue - weekend. c) Topics of discussion dated 11/27/2024 documented as follows: Paint and cleaning of	A 030		

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A 030	Continued From page 24 Assisted Living trash rooms, Painting of white wood railings and assisted living has not been addressed, Pendant issues, Laundry issues, Carpet cleaning, Wi-Fi fluctuation. During an interview on at approximately 7:30 PM, the Administrator acknowledged the facility is in need of additional staff to assist with call response time (residents' pendant), resident care issues and laundry services need improvement. Class III	A 030		
A 050	429.256(2&6) FS;59A-36.008(1) FAC Medication - Self Administered Medications 429.256 (2) Residents who are capable of self-administering their own medications and performing other tasks without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. An unlicensed person may also provide assistance with other tasks specified in subsection (6). Assistance with self-administration of medication or such other tasks by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include both legend and	A 050		

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A 050	Continued From page 25 over-the-counter oral dosage forms, , dosage forms, patches, and , , , , and dosage forms including solutions, suspensions, sprays, and inhalers. (6) Assistance with other tasks includes: (a) Assisting with the use of a to perform - level checks. (b) Assisting with putting on and taking off stockings. (c) Assisting with applying and removing an but not with titrating the prescribed settings. (d) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (e) Assisting with measuring vital signs. (f) Assisting with bags. 59A-36.008 Pursuant to sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule. (1) SELF ADMINISTERED MEDICATIONS. (a) Residents who are capable of self-administering their medications without assistance must be encouraged and allowed to do so. (b) If facility staff observes health changes that could reasonably be attributed to the improper self-administration of medication, staff must consult with the resident concerning any problems the resident may be experiencing in self-administering the medications. The consultation should describe the services offered	A 050		

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A 050	Continued From page 26 by the facility that aid the resident with medication administration through the use of a pill organizer, through providing assistance with self-administration of medications, or through administering medications. The facility must contact the resident's health care provider when observable health changes occur that may be attributed to the resident's medications. The facility must document such contacts in the resident's records. This Statute or Rule is not met as evidenced by: Based on observations and interviews, it was determined that the facility failed to ensure that a resident is assessed accurately to self-administered medications independently, for 5 out 5 sampled residents that self-administer their own medications (Resident #16, # 19, 20 & 22). The findings included: During an interview with Staff B (Director of Resident Care) and Staff C (Assistant Director of Resident Care) on at 12 PM and 2 PM, a list of residents that self-administer (23 total) their own medications were provided. A review of each resident's health assessment on file documented the resident was able to self-administer medication(s) and that the resident didn't need help with taking his or her medications. During a further interview at this time, it was revealed that all residents are assessed by the facility and the findings completed on a self-administered form. Review of each resident's form confirmed that the facility had assessed the resident. According to Staff B, she stated all residents that self-administer their own medications are reassessed every six	A 050		

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A 050	Continued From page 27 months to continue this task independently. On , a random audit and interview with 5 sampled residents (Resident #16, #19,#20,#21 & 22) was conducted between 4:30 PM and 6 PM in the presence of the Administrator and Regional Nurse. Observations and interviews revealed the following concerns regarding the sampled residents. 1) The facility didn't have a current list of the medications the resident was prescribed. 2) The resident was not accurately taking the medications from original dispensed containers and/or pill organizers. 3) The residents demonstrated and exhibited significant signs of and were unable to identify their medications. 4) The resident was unable to perform the medication tasks independently and required the assistance of a non-staff member by electronic communication methods (i.e. facetime) 5) Medication bottles observed in the room didn't contain the correct medication as documented on the pharmacy label. 6) Expired meds observed in the resident's room During confidential family and resident interviews conducted on and between 8AM and 7 PM, it was revealed that the facility has a staffing shortage problem, and that staff are late with passing medications and having problems providing the physician prescribed medications accurately. It was also revealed that many had taken on the responsibility of administering their own medications due to the problems and the fees charged by the facility. During an interview with the Administrator and the Regional Nurse on at 6 PM, they both stated that they immediately identified problems	A 050		

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A 050	Continued From page 28 regarding the residents observed during the sampled audit. They stated they were going to reassess all the residents again. Class III	A 050		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to	A 079		

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A 079	Continued From page 29 facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and . , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be	A 079		

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A 079	Continued From page 30	A 079		

counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required.

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A 079	Continued From page 31 Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, observations and interviews, it was determined that the facility failed to ensure sufficient staffing to meet the needs of the residents requiring supervision, care	A 079		

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A 079	Continued From page 32 and services during the weekends. This has the potential to affect 64 residents (census at the time of the survey). The findings included: The following concerns were identified during the survey, that demonstrated the facility does not have adequate staff scheduled during the week and weekends for the third shift (11PM - 7:00 AM) to assist all residents residing at the facility that potentially need assistance with supervision, care and services (as needed during the third shift). 1)During multiple confidential resident and family interviews conducted between through from 8 AM and 7 PM, it was revealed that the facility has multiple issues that the facility never addresses. The main concerns voiced were regarding staff not responding to the call bell system request by residents, not enough staff especially over the weekend, food issues, attitudes of direct care staff when responding to residents' care needs or requests, excessive wait times upon calling for help through the call bell system, facility not washing laundry in a timely manner and returning the items, not enough laundry or housekeeping staff , housekeeping concerns, medication assistance times delayed. 2) A review of the Call Bell system print- out for the month of through for the entire facility revealed multiple concerns with the call bell response times by facility staff. On multiple occasions, on a daily basis, the call wait time was extremely excessive, more than 60 minutes to the next day wait time or no response at all. This pattern occurred for multiple days throughout the week and weekends. However, Management staff failed to address this matter	A 079		

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A 079	Continued From page 33 and improve the wait times to ensue resident's safety and well-being were addressed and maintained. Facility had no documentation reflecting monitoring, auditing or staff meeting to address the excessive call waiting times. 3) Record review of the facility's staffing schedule documented Weekly Schedule as follows: a) - . Sunday Third Shift (11PM - 7:00 AM) documented two staff members (Staff I and J) b) - Saturday Third Shift (11PM - 7:00 AM) documented two staff members (Staff I and J) c) - . Sunday Third Shift (11PM - 7:00 AM) documented two staff members (Staff I and J) d) - Saturday12-28 Third Shift (11PM - 7:00 AM) documented two staff members (Staff I and J) An additional review of the staffing schedule during the week (Monday thru Thursday) for and prior months revealed the facility had approximately 5 to 7 direct care staff members working between Building #4 and #5 (multiple floors) providing assistance with ADLS and supervision. However, there were still multiple concerns identified regarding the facility not having sufficient staffing to address the care needs of residents, as identified through resident and family interviews, staff interviews, observations and grievances expressed. Observations made by the surveyors on and revealed residents that reside at the Assisted Living (AL) live in building #5 (6 floors) and building#4 (2 floors). Further observation revealed a walking distance of approximately 150 from building #4 to	A 079		

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A 079	Continued From page 34 building #5. Review of the facility's hospice list revealed 8 hospice residents of which 6 are in building #5 and 2 in building #4. During an interview on at approximately 10:35 AM with Resident #9 revealed the resident is total care in ambulation and receives third party services such as: hospice and care. He stated he depends on staff to transfer him from his bed to his recliner. Resident #9 stated he is assisted by two staff members whenever Staff C (Assistant Director of Resident Care) is not able to assist him (Staff C performs the task on his own). Further interview revealed there is a delay between 20 to 40 minutes after he presses his pendant for care and services. 4)During confidential interviews on and between 6:30 AM - 7:00 PM with staff members revealed that from 11:00 PM to 7:00 AM (third shift) Friday, Saturday and Sunday the facility will only have two staff members providing care for residents that reside in buildings #4 and 5. Further interview revealed whenever two staff members are scheduled to report for duty and only one staff shows for duty as scheduled the facility will have one staff member on duty for the two buildings (building #4 and 5). During an interview with Staff B and C on and , a review of the scheduled confirmed that only 2 staff members are scheduled to handle a census of 64 residents during the weekend shifts (Friday through Sunday; 11PM -7 AM). Further interviews confirmed all the residents require assistance	A 079		

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A 079	Continued From page 35 with ADLs and 8 out of the 64 residents are currently receiving hospice services. During confidential interviews on and between 7:00 AM - 6:00 PM with the residents' Private Duty (PDA), they revealed concerns regarding the facility not able to respond to pendant calls on a timely manner and having to wait up to 50 minutes or more for a facility staff member to help assist with the residents' care and services. During confidential interviews on and between 9:00 AM - 5:00 PM with family members, they revealed concerns regarding the facility not scheduling sufficient staff to care for their loved ones (residents). Further interview revealed resident's call devices such as: Pendants and Pull are not being addressed in a timely manner. During an interview on at approximately 7:30 PM with the administrator she confirmed the facility needs additional weekend staff. She acknowledged the findings. Class III	A 079		