

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969769	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/14/2025
NAME OF PROVIDER OR SUPPLIER A LIFE OF LOVE ALF, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 10930 SW 143 CT MIAMI, FL 33186			
(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
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814			

AHCA Form 3020-0001

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

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person's full first name, middle initial, and last name; social security number; date of birth; mailing address; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that its Background Screening Clearinghouse roster was updated within five business days. Two of four sampled staff, Staff I and Staff J (Caregivers), who were no longer employed, were still listed. Findings: A review of the Staffing Pattern for the months of _____ and _____ showed Staff I (Caregiver) on the schedule. A review of the background screening clearinghouse database showed Staff I remained on the roster. Interviewed on _____ at 1:57 PM when asked if Staff I worked at the facility still, the Administrator stated, "No." The Administrator stated that he had been about two months ago.	CZ814			

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CZ814	Continued From page 2 A review of the background screening clearinghouse database showed Staff J remained on the roster. Interviewed on _____ at 11:35 AM when asked if Staff J (Caregiver) still worked at the facility, the Administrator that she no longer worked at the facility. The Administrator stated further, "It has been two to three months. I don't think I removed her from the roster." Unclassified	CZ814			

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A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable height to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be	A 152			

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A 152	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a safe and decent living environment, free of hazards for four out of four sampled residents (Residents # 1,2,3,4). Findings: Observation on _____ at 7:16 AM scuff marks on walls in the common areas and bedrooms. Observation on _____ at 7:25 AM # _____ had a missing nightstand, lamp and garbage can. Observation on _____ at 7:29 AM found over the counter medications for Staff B to include a bottle of Omega 3 and a box of Intrarosa Prasterone Inserts. Photographic evidence obtained. Interviewed on _____ at 7:29 AM Staff B (Caregiver) stated that the medications belonged to her. Observation on _____ at 7:47 AM the wooden deck at the rear of the house adjacent to the glass door appeared to have several rotted woods. Observation on _____ at 7:48 AM showed the _____ green carpet that covers the wooden deck at the patio appeared to have a four-bulge, which may result in a trip hazard. Photographic evidence obtained. Observation on _____ at 10:53 AM bathroom in main hallway missing a toilet seat and a gallon of bleach between the toilet and _____	A 152			

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A 152	Continued From page 2 shower. Photographic evidence obtained. Interviewed on _____ at 1:57 PM the Administrator acknowledged the problems and stated, "Okay." Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. _____, 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance _____, 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012,	A 162		

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A 162	Continued From page 3 F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form	A 162			

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A 162	Continued From page 4 Alternate Care Certification for , .. (), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended	A 162			

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A 162	Continued From page 5 congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a copy of one of six sampled residents' (Resident #6's) health assessment. The facility failed to obtain documentation of an . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one of six sampled residents (Resident #6). The facility failed to maintain a completed demographic sheet for Resident #6. Findings: Observation on . . . at 7:25 AM found Resident # 6 in his assigned room. A review of Resident #6's records found no health assessment, an incomplete demographic form, and signed documents by the stepson but no power of attorney. Interviewed on . . . at 12:09 PM PM the Administrator stated, "No, the family does not want him to see the primary care physician we use. Yes, the stepson signed the contract. But there was no power of attorney." Class III	A 162			
A 163 SS=G	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an	A 163			

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A 163	Continued From page 6 assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Administrator did not fraudulently alter, deface, or falsify any medical or other record of an assisted living facility. Findings: A review of Resident #2's progress notes found no notes on Interviewed on _____ at 12:07 PM when asked for progress notes on Resident #2 which were not immediately provided, the Administrator stated, "I have it right here." Observation on _____ at 12:07 PM revealed the Administrator wrote on the progress note that she and Staff B (Caregiver) provided _____ to Resident #2. A review of Resident #2's _____ records dated _____ documented: " _____ male at ALF in _____. Facility staff stated they last saw the patient alive that morning. Then approximately 30 min prior to [rescue's] arrival. Staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no _____, and began _____. Upon arrival patient was found laying in bed in supine position un responsive and in	A 163			

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A 163	Continued From page 7 . One member of the ALF team was performing . The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual , were immediately initiated. It was at this time R36 crew found that patient defecated prior and there was a decent amount of fecal matter in the area we were working." Interviewed on at 9:23 AM the Administrator stated that Staff B and herself were there with Resident #2 and that she (Administrator) performed . The Administrator stated that it was around 6:00 AM. The Administrator stated that she "literally" got there with rescue. Interviewed on at 9:33 AM Staff B (Caregiver) stated that she was out having surgery from , through Interviewed on at 10:44 AM Staff C stated that Staff D (Caregiver) was working overnight alone and that when she arrived in the morning, she found Resident #2 had difficulty breathing at 6:00 AM. Staff C stated that the Administrator was not there, and that fire rescue was called. Interviewed on at 12:39 PM the Administrator stated that she made a mistake. The Administrator stated when she spoke to the inspector, she now remembered that Staff B had surgery the first week of , and this was when she would have Staff C cover for her. Class II	A 163			

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A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if	A 165			

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A 165	Continued From page 9 the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action	A 165			

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A 165	Continued From page 10 by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file an Adverse Incident Report for two of six sampled residents (Residents #1 and #2) after both residents found unresponsive and later Findings: 1) A review of the adverse incident reporting systems (AIRS) database showed no report filed for Resident #1. A review of Resident #1's emergency medical services records dated showed: "Upon arrival patient [Resident #1] was found laying in bed with no and not breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was (no heartbeat) when arrived to the hospital. Doctor at [hospital] called patient at 6:10 AM."	A 165			

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A 165	Continued From page 11 2) A review of the (Emergency Medical Services) record for Resident #2 dated showed: " , male at an ALF in . Facility staff stated they last saw the patient alive that morning, then approximately 30 min prior to [rescue's] arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no , and began . Upon arrival patient was found laying in bed in supine position unresponsive and in . One member of the ALF staff was performing . The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual , were immediately initiated."	A 165			
A 182 SS=D	Interviewed on at 1:57 PM the Administrator acknowledged that an adverse incident was not filed for Resident #1 or 2. The Administrator stated further that the place was in a mess. Class III 59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining	A 182			

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A 182	Continued From page 12 communication This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that one of four sampled staff (Staff B, Caregiver) was capable of implementing emergency plan in the event of a power outage. Findings: Observation on at 7:47 AM Staff B was unable to start the portable generator. Interviewed on at 1:57 PM the Administrator stated, "She was not able to start it (generator)." A review of Staff B's personnel records showed a hire date of and one (1) hour of training in Facility Emergency Procedures. Class III	A 182			
A 200 SS=E	59A-36.025 FAC Emergency Environmental Control 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the	A 200			

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A 200	Continued From page 13 assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the	A 200			

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A 200	Continued From page 14 type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F, S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the	A 200			

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A 200	Continued From page 15 alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm.	A 200			

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A 200	Continued From page 16 (2) SUBMISSION OF THE PLAN. (a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com . (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of	A 200			

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A 200	Continued From page 17 implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in _____ air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of _____ and heat	A 200			

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A 200	Continued From page 18 injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its	A 200			

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A 200	Continued From page 19 comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain sufficient fuel to supply the alternate power source to ensure that air temperatures would be maintained at or below 81 degrees Fahrenheit for a minimum of 96 hours in the event of the loss of primary electrical power. Findings:	A 200			

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A 200	Continued From page 20 Observation on _____ at 7:47 AM found the facility only had 10 ½ gallons of gasoline, enough to operate the portable generator for 16 hours, contained in three red gasoline containers. Photographic evidence obtained. Interviewed on _____ at 1:57 PM the Administrator stated, "I don't think it is gas." Class III	A 200			
A 180 SS=D	59A-36.019(1) FAC Emergency Management (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan using "Minimum Emergency Management Planning Criteria for Assisted Living Facilities," AHCA Form 3180-5006, _____, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-15964 . The form is also available at: https://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml . The emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering	A 180			

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A 180	Continued From page 21 arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with _____'s or related _____, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the county emergency management agency; (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the county emergency management agency the number of residents who have been relocated, and the place of relocation; and, (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of an approved comprehensive emergency management and power plan. Findings: A record review of the comprehensive emergency power plan found no approval and no updated emergency plan. Interviewed on _____ at 1:57 AM the Administrator stated, "I submitted it. I don't have the exact date."	A 180			

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A 180	Continued From page 22 Class III	A 180			
A 000	Initial Comments A complaint (#2024015851) investigation was conducted at A Life of Love ALF, Inc from through . The provider had deficiencies at the time of the survey.	A 000			
A 007 SS=G	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least _____ 2. Be free from signs and symptoms of any communicable _____ that is likely to be transmitted to other residents or staff. An individual who has _____ () may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of	A 007			

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A 007	Continued From page 23 medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any _____ or 4, _____. A resident requiring care of a _____ may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. 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.	A 007			

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A 007	Continued From page 24 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. and performed in the facility; b. , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.;	A 007			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 007	Continued From page 25 c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable _____ or assistance with routine _____, care of _____ site _____ placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from _____ with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Notwithstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are	A 007			

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A 007	Continued From page 26 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation record review and interview, the facility failed to ensure that one of six sampled residents (Resident #3) met the minimum criteria in order to be admitted to a facility holding a standard license. The resident was bedridden and not receiving licensed hospice services. Findings: Observation at 7:16 AM found Resident #3 in a hospital bed with full bedrails. Observation on at 8:57 AM Resident #3 remained in hospital bed with full bedrails. Observation on at 1:57 PM Resident #3 remained in hospital bed with full bedrails. A review of Resident #3's health assessment with a completion date of showed (), treated , treated (), and The physical limitations showed decreased mobility S/P. The status showed The nursing requirements showed / strength, medication management, reading, longevity 24 units daily. The special precautions showed safety, , and spirations. The activities of daily living showed assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. The special diet instructions showed soft, low fat, low and	A 007			

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A 007	Continued From page 27 diet. The resident needed medication administration. Interviewed on _____ at 12:02 PM when asked if Resident #3 could walk, the Administrator stated, "She can't walk. She needed assistance. She was bedbound." Interviewed on _____ at 12:39 PM the Administrator stated, "[Resident #3] was a wrong admission. She was transferable when she first came. She was not listed as total care; they don't have money. Her daughter lived in a car. If I admitted her to hospice, I can't continue with [the program]." Interviewed on _____ at 1:16 PM the home health nurse that provided _____ administration for Resident #3 stated that she was bedbound. A review of the admissions and discharged log showed an admission date of _____ for Resident #3. Interviewed on _____ at 1:57 PM the Administrator stated that Resident #3 needed hospice care. Class II	A 007			
A 025 SS=F	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	A 025			

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A 025	Continued From page 28 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. (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,	A 025			

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A 025	Continued From page 29 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 record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes for Residents #1 and #2, and #6. Residents #1, and #2 were found unresponsive and later . The facility failed to document Resident #6's refusal to demonstrate appropriate hygiene practices. Findings: 1) A review of Resident #1's emergency medical services () record dated showed: "Upon arrival patient [(Resident #1)] was found laying in bed with no , and not breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was , when arrived to the hospital. , was unable to be completed due to patients poor , Doctor at [hospital] called patient at 6:10 AM." A review of Resident #1's progress notes found no documentation of the incident.	A 025			

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A 025	Continued From page 30 Interviewed on _____ at 11:22 AM the Administrator stated [Resident #1's] nephew took a lot of her documents. 2) A review of Resident #2's _____ records dated _____ showed the following: " _____ male at an ALF in _____. Facility staff stated they last saw the patient alive that morning, then approximately 30 min prior to R36's arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no _____ and began _____. Upon arrival patient was found laying in bed in supine position unresponsive and in _____. One member of the ALF staff was performing _____. The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual _____ were immediately initiated." A review of Resident #2's progress notes found no documentation of incident. Observation on _____ at 12:07 PM after no progress notes were found in Resident #2's records, the Administrator then stated, "I have it right here." 3) Observation on _____ at 7:25 AM Resident #1 in room and wash supervised or asked to bathe or shower. Interviewed on _____ at 12:01 PM the Administrator instructed Staff B (Caregiver) to assist Resident #6 with a shower. The	A 025			

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A 025	Continued From page 31 Administrator stated further that Resident #6 does not like to shower. When asked if this was documented in his progress notes, the Administrator stated, "No." Class III	A 025			
A 027 SS=H	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making , , and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to make arrangements for health care for tow of six sampled rsidents (Residents #3 and #6). Resident #3 was bedbound and not under the care of a license hospice care provider. Resident #6 had been in the facility for more than 60 days without being assesed by a primary care physician. Findings: 1)	A 027			

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A 027	Continued From page 32 Observation on _____ found Resident #3 in a hospital bed with full bedrails. A review of the Admissions and Discharge log showed Resident #3 was admitted on _____. A review of Resident #3's health assessment with a completion date of _____ showed _____. _____, and _____. The physical limitations showed decreased mobility S/P (status post _____ accident). The _____ status showed _____. The nursing requirements showed _____ (strength, medication management, _____, reading, longevity _____ 24 units daily. The special precautions showed safety, _____, and spirations. The activities of daily living showed the resident needed assistance with ambulation, bathing, _____, eating, self-care, toileting, and transferring. The special diet instructions showed soft, low fat, low _____ and _____ diet. The resident needed medication administration. Interviewed on _____ at 12:39 PM the Administrator stated, "[Resident #3] was a wrong admission. She was transferable when she first came. She was not listed as total care; they don't have money. Her daughter lived in a car. If I admitted her to hospice, I can't continue with [the program]." 2) Observation on _____ at 7:25 AM Resident #6 seated on a bed.	A 027			

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A 027	Continued From page 33 A review of the Admissions and Discharge log showed Resident #6 was admitted on . A review of Resident #6 records found no complete health assessment. Interviewed on _____ at 12:09 PM when asked if Resident #6 had a health assessment, the Administrator stated, "No, the family does not want him to see the primary care physician we use. The son was supposed to take him to see his doctor." Class II	A 027			
A 030 SS=L	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	A 030			

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A 030	Continued From page 34 full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96-_____ or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. _____ and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident _____, neglect, and _____; 6. Administrative and housekeeping schedules and requirements; 7. _____ control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 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.	A 030			

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A 030	Continued From page 35 (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, 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	A 030			

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A 030	Continued From page 36 similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . , for health care services, the provision of or arrangement of transportation to health care . . . , 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	A 030			

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A 030	Continued From page 37 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. (I) 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	A 030			

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A 030	Continued From page 38 complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated or under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or 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:	A 030			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 030	Continued From page 39 Based on record review and interview, the facility failed to ensure that five of six sampled residents (Residents #1 and #2) received assistance with obtaining access to adequate and appropriate health care. Residents #1 and #2 were found unresponsive and subsequently . The facility deprived Residents #1 and #2 of the right to qualified personnel when Staff C and D (untrained Caregivers) were left alone with residents. Findings: 1) A review of the emergency medical services () records dated showed their arrival at the scene at 5:35 AM and providing initial at 5:36 AM. The records documented: "Upon arrival patient [(Resident #1)] was found laying in bed with no , and not breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was when arrived to the hospital. was unable to be completed due to patients poor, . Doctor at [hospital] called patient at 6:10 AM." A review of the admissions and discharge log showed Resident #1 was unresponsive and transported to the [hospital] on . Interviewed on at 9:19 AM the Administrator stated that Staff B (Caregiver) was working. The Administrator stated that the incident occurred around 4:00 AM on . The Administrator stated that the resident was	A 030			

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A 030	Continued From page 40 unresponsive. The Administrator stated, "One day she was stiff. I don't think she was breathing. She touched her. She was warm." When asked if _____ () was given, the Administrator stated, "I don't think so. She did not have a do not _____ order (DNOR). Yes, _____ was given. When 911 was called, they directed us to do _____. 911 came and took her to the hospital and she _____, at the hospital." The Administrator stated that Resident #1 was not under hospice care. Interviewed on _____ at 9:33 AM Staff B that she was not in the [facility] at the time. Staff B stated that she was out from _____ through _____. Staff B stated that when she returned, the resident was not there. When informed that the resident was discharged on _____, the employee stated that she was out from _____, through _____. Interviewed on _____ at 10:44 AM Staff C (Caregiver) stated that she was working when she found Resident #1. Staff C stated that it was about 2:00 AM-3:00 AM. Staff C stated, "She was not breathing." Staff C stated that she started to do _____. Staff C stated, "I was alone. I called the Administrator. She (Resident #1) was pale. She was not breathing." However, two and a half hours elapsed before emergency management services were called and no _____ was initiated by Staff C on Resident #1 who did not have a Do Not Resuscitate Order in place, and who wished to receive resuscitation in the event of becoming unresponsive. A review of Resident #1's health assessment with a completion date of _____ showed a diagnoses of _____.	A 030			

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A 030	Continued From page 41 ... OD, ... The physical limitations showed unsteady gait. The status showed alert times two and memory loss. The nursing treating showed as needed. The special status showed and universal precautions. The activities of daily living showed assistance needed with ambulation, bathing, ... self-care, toileting, transferring and supervision needed with eating. A review of Resident #1 records found no documentation of a A review of Staff C's personnel records found none. There was no documentation of an application for employment, a hire date, training courses, or an eligible level 2 background screening. 2) A review of the (emergency medical services) records dated showed: " ... male at an ALF in ... Facility staff stated they last saw the patient alive that morning, then approximately 30 min prior to R36's arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no ... and began ... Upon arrival patient was found laying in bed in supine position unresponsive and in ... One member of the ALF staff was performing ... The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual ... were immediately initiated." A review of the hospital records showed:	A 030			

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A 030	Continued From page 42 " male with history of , who presents to the emergency department via in from his assisted living facility. A review of the admissions and discharge log showed Resident #2 was transferred to the [hospital]. Interviewed on at 9:23 AM the Administrator stated that Resident #2 was pale. The Administrator stated that Staff B went to wake him up and 'it was the same thing as always.' The Administrator stated, "It was around 6:00 AM. With him, he had a problem. He did not respond and 911 was called by Staff B. She did . I did with Resident #2. I literally got here with 911 arrival. Staff B was here." When asked why Staff B would state she was not working, the Administrator stated, "these staff think if a patient they would go to jail." The Administrator stated that Staff B was even crying. When asked if Staff B was doing when she arrived, the Administrator stated, "No." Interviewed on at 10:39 AM when asked again if she was working on Staff B stated that she was not in the facility. Staff B stated that she had surgery on . Staff B stated further that the administrator probably did not remember she was out since and that she did not work on Interviewed on at 9:44 AM when asked what happened to Resident #2, Staff C stated that the resident had , Staff C stated that he had and that he was taking medications. Staff C stated that he had a severe and a . Staff C stated that	A 030			

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A 030	Continued From page 43 the Administrator called rescue. Staff C stated that the Administrator was not there. Staff C stated, "I called the Administrator. It was around 6:00 AM. He had difficulty breathing." Staff C stated that she tried to call rescue but she got nervous and she did not know if she got through with calling. Staff C stated, "I then called the Administrator." When asked if she was working alone, Staff C stated that somebody was working named [Staff D] and that she no longer works there. Staff C stated that Staff D worked that night and that she would work the day shift. Staff C stated that Staff D was out of the country. Staff C stated that she came in the morning and that Staff D told her that Resident #2 was having breathing difficulties in the morning. Staff C stated that she found him like that between 6:00 AM and 6:30 AM. Staff C stated that when fire rescue came, they took him down with _____ and that he was still breathing. Staff C stated that she found out later that he _____ at the hospital. According to the _____ records, an employee from the assisted living facility (ALF) was doing on Resident #2 while in then the bed. However, hospital records dated _____, confirmed the daughter stated that Resident #2 was a do no intubate and _____ and that he at 8:27 AM. A review of Resident #2's records found no _____. A review of Resident #2's health assessment with a completion date of _____ showed _____ (R) _____, Major _____ D/O. The physical limitations showed decreased strength, balance coordination, endurance, decreased safety awareness. The _____ status showed _____.	A 030	

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A 030	Continued From page 44 at times. The nursing requirement showed physical, , skilled nurse. The special precautions showed universal precautions. The activities of daily living showed assistance with ambulation, bathing, eating, self-care, toileting, and transferring. According to Florida Health, a "is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the event of , or ." Interviewed on at 1:11 PM the Administrator stated that Staff D was the cleaning lady, but she did not have a level two background screen and confirmed that she worked a few days in Interviewed on at 12:39 PM the Administrator stated that she now remembered Staff B had surgery the first week of , and this was when she had Staff C cover for her. The National Institute of Health defines full code as: "It means they want and all life saving measures during a medical emergency. This includes shocks, , or), and being placed on a ." A review of Staff D's personnel records found no application, hire date, training courses, including at level two background checks. Class I	A 030			
A 033 SS=D	59A.36.007(8) PHYSICAL	A 033			

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A 033	Continued From page 45 (8) PHYSICAL . Residents for whom a physician has prescribed a physical must have a written care plan for the use of the physical . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure Resident #3, had a written care plan for the use of physical to include the device prescribe for use, the maximum amount of time the applied each day, and in what manner and frequency staff will monitor, and report to the physician any injuries. The facility failed to obtain a physician prescription for physical for Residents #3. Findings:	A 033			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

A LIFE OF LOVE ALF, INC

**10930 SW 143 CT
MIAMI, FL 33186**

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A 033	Continued From page 46 Observation on _____ at 7:23 AM found Resident #3 in a hospital bed with full bedrails in the up position. A review of Resident #3's health assessment with a completion date of _____ showed _____ (), treated _____, treated _____, _____, _____, and _____. The physical limitations showed decreased mobility S/P _____. The _____ status showed _____. The nursing requirements showed _____ strength, medication management, _____ reading, longevity 24 units daily. The special precautions showed safety, _____, and _____. The activities of daily living showed assistance with ambulation, bathing, _____, eating, self-care, toileting, and transferring. Interviewed on _____ at when asked if Resident #3 could walk, the Administrator stated, "No." Interviewed on _____ at 1:16 PM the registered nurse providing _____ administration for Resident #3 stated that the resident was bedbound. A review of Resident #3 records found no documentation of physical _____ care plan and a prescription for full bedrails. Interviewed on _____ at 1:57 PM the Administrator acknowledged that there was no documentation and stated, "Okay." Class III	A 033		

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A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide documentation of policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repairs. The facility failed to document the assistive device in on of six sampled residents' (Resident #6') records. Findings: A review of facility policies and procedures found no documentation regarding assistive devices	A 034			

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A 034	Continued From page 48 that included the requirements and methods for assessing the physical conditions of equipment that might injure residents and procedures for recommending repairs. Observation on _____ at 7:56 AM revealed Resident #6 used a walker to move to the dining table. A review of Resident #6's records found no documentation of a walker on file. Interviewed on _____ at 12:09 PM when asked if there was a care plan for assistive devices for Resident #6, the Administrator stated, "No." Class III	A 034			
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The	A 055			

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A 055	Continued From page 49 facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate,	A 055			

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A 055	Continued From page 50 or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may be disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that medications were secured. Findings: Observation on _____ at 7:23 AM found unlocked and in plain sight medications (_____ Cream) in _____ # ____ . Photographic	A 055			

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A 055	Continued From page 51 evidence obtained. Observation on _____ at 7:29 AM found unlocked medications (_____ Sol 2 Mg/mL, _____ Sol 100 Mg, _____ 10 Mg, _____ ODT Tab 8 Mg) in the refrigerator. Photographic evidence obtained. Interviewed on _____ at 7:29 AM, Staff B (Caregiver) stated that the medications belonged to [Resident #4]. Interviewed on _____ at 1:57 PM, the Administrator acknowledged that the medications were unlocked. Class III	A 055			
A 077 SS=L	429.176 FS; 429.52(_____),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation	A 077			

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A 077	Continued From page 52 of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least _____ ; 2. If employed on or after _____ , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____ , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training	A 077			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 077	Continued From page 53 and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile _____ of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to _____, are not required to take the competency test unless specified elsewhere in	A 077			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969769	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/14/2025
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A 077	Continued From page 54 this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility Administrator was incapable of demonstrating effectively the standards required for the operation and maintenance of the facility, including the management of all staff, and the provision of appropriate care of all residents. The facility administrator failed to conduct a thorough investigation after major incidents of unresponsive residents (#1 and #2) being found and subsequently after being transported to the hospital. The Administrator failed to employee qualified staff with the required training and the clearinghouse level 2 background check. The Administrator failed to maintain a written record updated as needed of significant changes in resident health conditions. The Administrator failed to complete the required CORE training, including the competency test within 90 days and has therefore gone without an administrator for 120 more days. Findings:	A 077			

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A 077	Continued From page 55 1) A review of the background screening Clearinghouse database showed the facility was without an Administrator since A review of the Administrator's personnel record and the registered administrator database found no documentation that the administrator was certified. Interviewed on _____ at 7:33 when asked when she became the administrator, the Administrator stated, "_____, "I am enrolled for the next exam (CORE). I know I had a deadline." A review of the admissions and discharge log showed Resident #1 was found unresponsive and transported to the hospital. Interviewed on _____ at 9:19 AM the Administrator stated that _____ () was given to Resident #1 on _____ when she was found unresponsive, and Staff B (Caregiver) and herself were there. The Administrator stated further that Resident #1 did not have a do not _____ order. However, the emergency medical services () records dated _____ showed no _____ was initiated by assisted living staff and the resident _____ at hospital. Interviewed on _____ at 9:33 AM Staff B stated that she was not in the facility when Resident #1 was found unresponsive. Staff B stated that she was out from _____, _____ through _____	A 077			

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A 077	Continued From page 56 Interviewed on _____ at 10:44 AM Staff C (Caregiver) stated that she was working when she found Resident #1. Staff C stated that it was about 2:00 AM-3:00 AM. Staff C stated, "She was not breathing." Staff C stated that she started to do _____. Staff C stated, "I was alone. I called [the Administrator]." Interviewed on _____ at 12:39 PM the Administrator stated that she made a mistake. The Administrator stated when she spoke to the inspector, she now remembered that Staff B had surgery the first week of _____, and this was when she would have Staff C cover for her. Interviewed on _____ at 7:33 AM when asked if Staff C had a level 2 clearinghouse background screening, the Administrator stated, "She just started working on Saturday (_____. I just brought her application on Saturday. I have been the administrator since _____. She (Staff C) does not have a background check." A review of Resident #1's progress notes found no documentation of the resident being found unresponsive and later dying at the hospital nor an investigation. Interviewed on _____ at 11:25 AM the Administrator stated that Resident #1's nephew took a lot of her documents. A review of the Adverse Incident Reporting Systems (AIRS) database found no report on Resident #1 being found unresponsive and transport to the hospital and _____. 2)	A 077			

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A 077	Continued From page 57 2) A review of the admissions and discharge log showed Resident #2 was transported to the hospital. Interviewed on _____ at 9:23 AM the Administrator stated that Staff B and herself were there with Resident #2 and that she (Administrator) performed _____. The Administrator stated that it was around 6:00 AM. The Administrator stated that she "literally" got there with rescue. However, according to Resident #2's hospital records dated _____ the daughter confirmed that the resident had a _____ and he _____ at 8:27 AM. Interviewed on _____ at 10:44 AM Staff C stated that Staff D (Caregiver) was working overnight alone and that when she arrived in the morning, she found Resident #2 had difficulty breathing at 6:00 AM. Staff C stated that the Administrator was not there, and that fire rescue was called. Interviewed on _____ at 1:11 PM when asked who was Staff D (Caregiver) the Administrator stated that it was the cleaning lady. The Administrator stated, "She was my cleaning lady. She did clean a few times. She does not come any more. She did not have a background check. She came once or twice a week. I paid her cash. She worked in _____ and _____. She was out of the state and country." A review of Resident #2's progress notes found no documentation of him being found unresponsive or any investigation notes.	A 077	

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A 077	Continued From page 58 A review of Resident #2's records found no signed A review of the Adverse Incident Reporting Systems (AIRS) database found no report on Resident #2 being found unresponsive and transport to the hospital and 3) Observation on at 11:39 AM revealed that Staff C fed Resident #5 by placing a spoon containing ground beef and white rice into the resident's Interviewed on at 10:44 AM, Staff C stated that she worked alone on when she found Resident #1 unresponsive between 2:00 AM-3:00 AM. Staff C stated further, "She was not breathing." A review of the Level 2 background screening Clearinghouse database found that Staff C was not listed. Interviewed on at 12:39 PM the Administrator stated that she made a mistake and that she remembered Staff B surgery in the first week of and that this was when she would have Staff C cover for her. Interviewed on /202 at 7:33 AM the Administrator stated that Staff C did not not have an eligible level II background screening. Interviewed on at 10:44 AM Staff C stated that Staff D (Caregiver) was working overnight alone with Resident #2 and when she arrived for the morning shift, she (Staff C) found	A 077			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969769	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/14/2025
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A 077	Continued From page 59 him between 6:00 AM and 6:30 AM having breathing difficulties. A review of the Level 2 background screening Clearinghouse database found Staff D was not listed. Interviewed on _____ at 1:11 PM the Administrator stated that Staff D was the cleaning lady, but she did not have a Level 2 background screen and confirmed that she worked a few days in _____ Class I	A 077			
A 078 SS=L	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	A 078			

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A 078	Continued From page 60 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. (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	A 078			

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A 078	Continued From page 61 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 that two of four sampled staff (Staff C & D) were qualified to perform their assigned duties. Residents #1 and #2 were found unresponsive, and both residents later became unresponsive, and did not receive timely or adequate care under the care of Staff C and D. Both residents later Findings: 1) A review of Resident #1's emergency medical services () report dated () showed initiated by , and the following: "Upon arrival patient found laying in bed with no , and not breathing. ALF (assisted living facility) staff stated she was seen normal 30 minutes prior to our arrival. The patient went into , and was shocked as we arrived to the hospital. Patient conditioned unchanged and was , when we arrived to the hospital. Doctor at [hospital] called patient's at 6:10 AM." Interviewed on Staff C (Caregiver) stated that she was working alone when she found Resident #1 unresponsive in bed around 3:00 AM. However, the records showed was dispatched over two and a half hours (2) later, at 5:30 am. A review of the level two background screening clearinghouse database found no Staff C on the	A 078			

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A 078	Continued From page 62 roster. A review of Staff C's personnel records found no training documentation, including the three-hour behavioral and activities of daily living training to come in contact with residents, First Aid or certifications, control, training, adverse and major incident reporting training, resident rights training or a job application. Further review found no health or clearances. Interviewed on at 7:33 AM when asked if Staff C had an eligible Level II background screening, the Administrator stated, "She just started working on Saturday (). I just brought her application on Saturday. She (Staff C) does not have a background check." Observation on at 11:39 AM showed Staff C assisted Resident #4 with eating. 2) A review of Resident #2's records dated documented: " , male at ALF in . Facility staff stated they last saw the patient alive that morning. Then approximately 30 min prior to [rescue unit's] arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no , and began . Upon arrival patient was found laying in bed in supine position unresponsive and in . One member of the ALF team was performing . The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and	A 078			

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A 078	Continued From page 63 manual , were immediately initiated." Interviewed on Staff C stated that she arrived and found Resident #2 between 6:00 AM and 6:30 AM and that Staff D was alone with the residents overnight. Staff C stated that she no longer worked at the facility and that she was out of the country. Staff C stated that she tried to call rescue but became nervous and did not know whether or not she got through. Staff C stated that she called the Administrator. However, was not dispatched until one hour later at 7:00 AM. A review of Staff D's personnel records found no eligible level II background screening, no training documentation, including the activities of daily living training to come in contact with residents, First Aid or certifications, control, one hour training, adverse and major incident reporting, and resident rights, or a job application. Interviewed on at 1:11 PM when asked who was Staff D (Caregiver) the Administrator stated that it was the cleaning lady. The Administrator stated, "She was my cleaning lady. She did clean a few times. She does not come any more. She did not have a background check. She came once or twice a week. I paid her cash. She worked in and . She was out of the state and country." Class I	A 078			
A 079 SS=L	59A-36.010(3) FAC Staffing Standards - Levels	A 079			

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A 079	Continued From page 64 (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: <table border="0"> <tr> <td>Number of Residents, Day Care Participants, and Respite Care Residents</td> <td>Staff Hours/Week</td> </tr> <tr> <td>0-5</td> <td>168</td> </tr> <tr> <td>16-25</td> <td>212</td> </tr> <tr> <td>26-35</td> <td>253</td> </tr> <tr> <td>36-45</td> <td>294</td> </tr> <tr> <td>46-55</td> <td>335</td> </tr> <tr> <td>56-65</td> <td>375</td> </tr> <tr> <td>66-75</td> <td>416</td> </tr> <tr> <td>76-85</td> <td>457</td> </tr> <tr> <td>86-95</td> <td>498</td> </tr> <tr> <td></td> <td>539</td> </tr> </table> 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 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.	Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week	0-5	168	16-25	212	26-35	253	36-45	294	46-55	335	56-65	375	66-75	416	76-85	457	86-95	498		539	A 079		
Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week																									
0-5	168																									
16-25	212																									
26-35	253																									
36-45	294																									
46-55	335																									
56-65	375																									
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86-95	498																									
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A 079	Continued From page 65 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 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.	A 079			

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A 079	Continued From page 66 (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. 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	A 079			

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A 079	Continued From page 67 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 observation, record review and interview, the facility failed to ensure adequate qualified staff were available to meet the scheduled and unscheduled needs for Residents #1 and #2 when there were found unresponsive and later at the hospital. The facility also failed to provide the minimum required 168 Hours/Week for four (4) residents. Findings: 1) A review of the Staffing Pattern dated 11/09/2024	A 079			

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A 079	Continued From page 68 from 7:00 PM to 7:00 AM showed no staff listed for the overnight shift. A review of the Staffing Pattern dated 11/10/2024 from 7:00 AM to 7:00 PM showed the Administrator and Staff B (Caregiver) listed. Interviewed on _____ at 10:44 AM Staff C (Caregiver) stated that she worked alone on the overnight shift on _____ through _____ when she found Resident #1 unresponsive. Staff C stated that it was about 2:00 AM-3:00 AM. Staff C stated, "She was not breathing. I was alone." A review of the emergency medical services () records dated _____ showed their arrival at the scene at 5:35 AM and providing initial _____ at 5:36 AM. The _____ records documented: "Upon arrival patient [(Resident #1)] was found laying in bed with no _____ and not breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into _____ and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was _____ when arrived to the hospital. _____ was unable to be completed due to patients poor, _____. Doctor at [hospital] called patient _____ at 6:10 AM." Interviewed on _____ at 10:39 AM Staff B stated that she did not work on _____. Interviewed on _____ at 12:39 PM the Administrator stated that she made a mistake and that she remembered Staff B _____ surgery in the first week of _____ and that this was _____ when she would have Staff C cover for her.	A 079			

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A 079	Continued From page 69 A review of the level two (2) background screening clearinghouse database showed no Staff C on the roster or an eligible background check. A review of Staff C's personnel records found no training to include the three hours (3) of Activities of Daily Living and Behavioral needs training. 2) A review of the Staffing Pattern for 11/28/2024 showed no staff listed on scheduled from 7:00 PM to 7:00 AM for the overnight shift. A review of the Staffing Pattern for 11/29/2024 showed the administrator and Staff I (Caregiver) on schedule from 7:00 AM to 7:00 PM. Interviewed on _____ at 9:44 AM when asked what happened to Resident #2, Staff C stated that the resident had _____, Staff C stated that he had _____ and that he was taking medications. Staff C stated that he had a severe _____ and a _____. Staff C stated that the Administrator called rescue. Staff C stated that the Administrator was not there. Staff C stated, "I called the Administrator. It was around 6:00 AM. He had difficulty breathing." Staff C stated that she tried to call rescue but she got nervous and she did not know if she got through with calling. Staff C stated, "I then called the Administrator." When asked if she was working alone, Staff C stated that somebody was working named [Staff D] and that she no longer works there. Staff C stated that Staff D worked that night and that she would work the day shift. Staff C stated that Staff D was out of the country. Staff C stated that she came in the morning and that Staff D told her that Resident #2 was having	A 079			

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A 079	Continued From page 70 breathing difficulties in the morning. Staff C stated that she found him like that between 6:00 AM and 6:30 AM. Staff C stated that when fire rescue came, they took him down with _____ and that he was still breathing. Staff C stated that she found out later that he _____ at the hospital. Interviewed on _____ at 10:39 AM when asked again if she was working on _____, Staff B stated that she was not in the facility. Staff B stated that she had surgery on _____. Staff B stated further that the administrator probably did not remember she was out since _____ and that she did not work on _____. 3) Observation on _____ at 7:16 AM found Staff B and Staff C assisting four residents (#3, #4, #5, #6). A review of Resident #3's health assessment with a completion date of _____ showed the activities of daily living with needed assistance with ambulation, bathing, _____, self-care, eating, toileting and transferring. However, resident was bedridden. A review of Resident #4's health assessment with a completion date of _____ showed the resident needed total care in ambulation, bathing, bathing, _____, self-care, eating, toileting, and transferring. The nursing notes showed the resident was under hospice care. A review of Resident #5's health assessment with a completion date of _____ showed the resident needed assistance with ambulation, bathing, _____, toileting, self-care, transferring,	A 079	

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A 079	Continued From page 71 and supervision with eating. A review of the Staffing Pattern dated _____ showed the Administrator, and Staff B (Caregiver) with a total of 120 weekly hours although Staff C and Staff H (Caregivers) were listed. Interviewed on _____ at 12:51 PM Staff H stated he never worked at the [facility] and that he worked at another [facility]. Staff H stated that he spoke to the owner about it, but he never worked. Staff H stated, "Yes, I am at another assisted living facility (ALF). I am not registered at the ALF, but I have a background check." Class I	A 079			
A 093 SS=G	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, 2020-2025, which are incorporated by reference and available for review at: http://www.frules.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	A 093			

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A 093	Continued From page 72 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. 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	A 093			

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A 093	Continued From page 73 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 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	A 093			

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A 093	Continued From page 74 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, record review and interview, the facility failed to ensure that two of six sampled residents (Residents #4 and #5 received a therapeutic diet as prescribed by their primary care physician. The facility failed to follow the menu approved by a registered dietitian. The facility failed to date and post the menu making it accessible to the residents. The facility failed to keep regular and therapeutic menu with noted substitutions on file for six months. Findings: 1) Observation on _____ at 8:15 AM Staff B (Caregiver) fed Resident #5 papaya chunks, and cereal with a spoon. A review of Staff B's personnel records found three hours (3) of Food Processing and Nutrition Safety and Precautions Handling Food training on _____ Interviewed on _____ at 1:22 PM when asked what _____ was, Staff B stated that she worked in a hospital [out of the country] and that she was also a food service employee. When asked to identify residents in the facility with _____, Staff B stated Resident #3. Staff B stated further that Resident #3 was on a pureed diet with thickener. When asked if there was any other resident on a pureed diet, Staff B stated,	A 093			

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A 093	Continued From page 75 "[Resident #4]." Staff B stated further that Resident 5's family brings him regular food like beans and rice. A review of Resident #5's health assessment with a completion date of _____ showed the resident was prescribed crushed medications and a pureed diet, and needed _____ precautions. The resident needed assistance with ambulation, bathing, _____, toileting, self-care, transferring, and supervision with eating. Observation on _____ at 11:39 AM revealed Staff C (Caregiver) fed Resident #5 white rice and ground beef, placing the food on a spoon and then directly into the resident's _____. A review of Staff C's personnel records found no documentation of training regarding assisting residents with Activities of Daily Living and Behavioral needs training, or training in Safe Food Handling and Nutrition. Interviewed on _____ at 7:33 AM the Administrator stated that Staff C did not have a background screening or training. 2) Interviewed on _____ at 1:57 PM the Administrator stated that Resident #4' son likes to bring his father hamburgers on the weekend and she wanted to know what to do. A review of Resident #4's health assessment with a completion date of _____ showed a diagnoses of a _____ on the _____ and _____. The physical status showed bedbound. The _____ status showed _____	A 093			

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A 093	Continued From page 76 The nursing requirements showed hospice care and patient required care. The special precautions showed precautions. The resident needed assistance with ambulation, bathing, eating, self-care, toileting and transferring. The special diet instructions showed soft diet. 3) Observation on at 7:16 AM found no posted menu on the refrigerator in the kitchen area or on the bulletin board. Observation on at 8:15 AM Resident #6 served a ham and cheese sandwich, juice, water and coffee. Observation on at 8:35 AM Resident #5 served papaya chunks and cereal. A review of the menu without a date showed juice, dry or hot cereal, bread, margarine and milk and no noted substitutions. Interviewed on at 7:33 AM the Administrator stated that she was just bringing the menu. A review of the facility records found no six months or regular and therapeutic menus of file. Interviewed on at 1:57 PM regarding the menu not being followed, the Administrator stated that she never had this situation before. Class II	A 093			

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person's full first name, middle initial, and last name; social security number; date of birth; mailing address; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that its Background Screening Clearinghouse roster was updated within five business days. Two of four sampled staff, Staff I and Staff J (Caregivers), who were no longer employed, were still listed. Findings: A review of the Staffing Pattern for the months of _____ and _____ showed Staff I (Caregiver) on the schedule. A review of the background screening clearinghouse database showed Staff I remained on the roster. Interviewed on _____ at 1:57 PM when asked if Staff I worked at the facility still, the Administrator stated, "No." The Administrator stated that he had been about two months ago.	CZ814			

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CZ814	Continued From page 2 A review of the background screening clearinghouse database showed Staff J remained on the roster. Interviewed on _____ at 11:35 AM when asked if Staff J (Caregiver) still worked at the facility, the Administrator that she no longer worked at the facility. The Administrator stated further, "It has been two to three months. I don't think I removed her from the roster." Unclassified	CZ814			

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A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times;	A 055			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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A 055	Continued From page 1 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the	A 055			

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A 055	Continued From page 2 resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that medications were secured. Findings: Observation on _____ at 7:23 AM found unlocked and in plain sight medications (_____ Cream) in _____ # ____ . Photographic evidence obtained. Observation on _____ at 7:29 AM found unlocked medications (_____ Sol 2 Mg/mL, _____ Sol 100 Mg, _____ 10 Mg, _____ ODT Tab 8 Mg) in the refrigerator. Photographic evidence obtained. Interviewed on _____ at 7:29 AM, Staff B (Caregiver) stated that the medications belonged to [Resident #4]. Interviewed on _____ at 1:57 PM, the Administrator acknowledged that the medications were unlocked. Class III	A 055			
A 077 SS=L	429.176 FS; 429.52(_____),59A-36.01(1) FAC Staffing Standards - Administrators	A 077			

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A 077	Continued From page 3 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must:	A 077			

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A 077	Continued From page 4 - Be at least _____; - If employed on or after _____, have, at a minimum, a high school diploma or G.E.D.; - Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; - Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to _____, are not required to take the competency test unless specified elsewhere in this rule; and, - Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the _____ of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: - Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, - Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of _____	A 077			

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A 077	Continued From page 5 facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility Administrator was incapable of demonstrating effectively the standards required for the	A 077			

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A 077	Continued From page 6 operation and maintenance of the facility, including the management of all staff, and the provision of appropriate care of all residents. The facility administrator failed to conduct a thorough investigation after major incidents of unresponsive residents (#1 and #2) being found and subsequently . . . after being transported to the hospital. The Administrator failed to employee qualified staff with the required training and the clearinghouse level 2 background check. The Administrator failed to maintain a written record updated as needed of significant changes in resident health conditions. The Administrator failed to complete the required CORE training, including the competency test within 90 days and has therefore gone without an administrator for 120 more days. Findings: 1) A review of the background screening Clearinghouse database showed the facility was without an Administrator since . A review of the Administrator's personnel record and the registered administrator database found no documentation that the administrator was certified. Interviewed on . . . at 7:33 when asked when she became the administrator, the Administrator stated, " . . . "I am enrolled for the next exam (CORE). I know I had a deadline." A review of the admissions and discharge log showed Resident #1 was found unresponsive and transported to the hospital.	A 077	

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A 077	Continued From page 7 Interviewed on _____ at 9:19 AM the Administrator stated that _____ () was given to Resident #1 on _____ when she was found unresponsive, and Staff B (Caregiver) and herself were there. The Administrator stated further that Resident #1 did not have a do not _____ order. However, the emergency medical services () records dated _____ showed no _____ was initiated by assisted living staff and the resident _____ at hospital. Interviewed on _____ at 9:33 AM Staff B stated that she was not in the facility when Resident #1 was found unresponsive. Staff B stated that she was out from _____ through _____. Interviewed on _____ at 10:44 AM Staff C (Caregiver) stated that she was working when she found Resident #1. Staff C stated that it was about 2:00 AM-3:00 AM. Staff C stated, "She was not breathing." Staff C stated that she started to do _____. Staff C stated, "I was alone. I called [the Administrator]." Interviewed on _____ at 12:39 PM the Administrator stated that she made a mistake. The Administrator stated when she spoke to the inspector, she now remembered that Staff B had surgery the first week of _____, and this was when she would have Staff C cover for her. Interviewed on _____ at 7:33 AM when asked if Staff C had a level 2 clearinghouse background screening, the Administrator stated, "She just started working on Saturday _____ (). I just brought her application on Saturday. I have been the administrator since _____."	A 077			

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A 077	Continued From page 8 . She (Staff C) does not have a background check." A review of Resident #1's progress notes found no documentation of the resident being found unresponsive and later dying at the hospital nor an investigation. Interviewed on _____ at 11:25 AM the Administrator stated that Resident #1' nephew took a lot of her documents. A review of the Adverse Incident Reporting Systems (AIRS) database found no report on Resident #1 being found unresponsive and transport to the hospital and 2) 2) A review of the admissions and discharge log showed Resident #2 was transported to the hospital. Interviewed on _____ at 9:23 AM the Administrator stated that Staff B and herself were there with Resident #2 and that she (Administrator) performed _____. The Administrator stated that it was around 6:00 AM. The Administrator stated that she "literally" got there with rescue. However, according to Resident #2's hospital records dated _____, the daughter confirmed that the resident had a _____ and he _____ at 8:27 AM. Interviewed on _____ at 10:44 AM Staff C stated that Staff D (Caregiver) was working overnight alone and that when she arrived in the	A 077			

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A 077	Continued From page 9 morning, she found Resident #2 had difficulty breathing at 6:00 AM. Staff C stated that the Administrator was not there, and that fire rescue was called. Interviewed on _____ at 1:11 PM when asked who was Staff D (Caregiver) the Administrator stated that it was the cleaning lady. The Administrator stated, "She was my cleaning lady. She did clean a few times. She does not come any more. She did not have a background check. She came once or twice a week. I paid her cash. She worked in _____ and _____ . She was out of the state and country." A review of Resident #2's progress notes found no documentation of him being found unresponsive or any investigation notes. A review of Resident #2's records found no signed _____ . A review of the Adverse Incident Reporting Systems (AIRS) database found no report on Resident #2 being found unresponsive and transport to the hospital and _____ . 3) Observation on _____ at 11:39 AM revealed that Staff C fed Resident #5 by placing a spoon containing ground beef and white rice into the resident's _____ . Interviewed on _____ at 10:44 AM, Staff C stated that she worked alone on _____ when she found Resident #1 unresponsive between 2:00 AM-3:00 AM. Staff C stated further, "She was not breathing."	A 077			

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A 077	Continued From page 10 A review of the Level 2 background screening Clearinghouse database found that Staff C was not listed. Interviewed on _____ at 12:39 PM the Administrator stated that she made a mistake and that she remembered Staff B _____ surgery in the first week of _____ and that this was when she would have Staff C cover for her. Interviewed on _____ /202 at 7:33 AM the Administrator stated that Staff C did not not have an eligible level II background screening. Interviewed on _____ at 10:44 AM Staff C stated that Staff D (Caregiver) was working overnight alone with Resident #2 and when she arrived for the morning shift, she (Staff C) found him between 6:00 AM and 6:30 AM having breathing difficulties. A review of the Level 2 background screening Clearinghouse database found Staff D was not listed. Interviewed on _____ at 1:11 PM the Administrator stated that Staff D was the cleaning lady, but she did not have a Level 2 background screen and confirmed that she worked a few days in _____. Class I	A 077			
A 078 SS=L	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment,	A 078			

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A 078	Continued From page 11 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 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	A 078			

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A 078	Continued From page 12 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 that two of four sampled staff (Staff C & D) were qualified to perform their assigned duties. Residents #1 and #2 were found unresponsive, and both residents later became unresponsive, and did not receive timely or adequate care under the care of Staff C and D. Both residents later _____. Findings: 1) A review of Resident #1's emergency medical services () report dated () showed _____ () was _____.	A 078			

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A 078	Continued From page 13 initiated by _____ and the following: "Upon arrival patient found laying in bed with no _____ and not breathing. ALF (assisted living facility) staff stated she was seen normal 30 minutes prior to our arrival. The patient went into _____ and was shocked as we arrived to the hospital. Patient conditioned unchanged and was _____ when we arrived to the hospital. Doctor at [hospital] called patient's _____ at 6:10 AM." Interviewed on _____ Staff C (Caregiver) stated that she was working alone when she found Resident #1 unresponsive in bed around 3:00 AM. However, the _____ records showed _____ was dispatched over two and a half hours (2 _____) later, at 5:30 am. A review of the level two background screening clearinghouse database found no Staff C on the roster. A review of Staff C's personnel records found no training documentation, including the three-hour behavioral and activities of daily living training to come in contact with residents, First Aid or certifications, _____ control, _____ training, adverse and major incident reporting training, resident rights training or a job application. Further review found no health or _____ clearances. Interviewed on _____ at 7:33 AM when asked if Staff C had an eligible Level II background screening, the Administrator stated, "She just started working on Saturday (_____). I just brought her application on Saturday. She (Staff C) does not have a background check."	A 078			

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A 078	Continued From page 14 Observation on _____ at 11:39 AM showed Staff C assisted Resident #4 with eating. 2) A review of Resident #2's _____ records dated _____ documented: " _____ male at ALF in _____. Facility staff stated they last saw the patient alive that morning. Then approximately 30 min prior to [rescue unit's] arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no _____ and began _____. Upon arrival patient was found laying in bed in _____ supine position unresponsive and in _____. One member of the ALF team was performing _____. The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual _____ were immediately initiated." Interviewed on _____ Staff C stated that she arrived and found Resident #2 between 6:00 AM and 6:30 AM and that Staff D was alone with the residents overnight. Staff C stated that she no longer worked at the facility and that she was out of the country. Staff C stated that she tried to call rescue but became nervous and did not know whether or not she got through. Staff C stated that she called the Administrator. However, _____ was not dispatched until one hour later at 7:00 AM. A review of Staff D's personnel records found no eligible level II background screening, no training documentation, including the activities of daily living training to come in contact with residents, First Aid or _____ certifications, _____ control, _____ one hour training, _____ adverse and major incident reporting, and _____	A 078			

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A 078	Continued From page 15 resident rights, or a job application. Interviewed on _____ at 1:11 PM when asked who was Staff D (Caregiver) the Administrator stated that it was the cleaning lady. The Administrator stated, "She was my cleaning lady. She did clean a few times. She does not come any more. She did not have a background check. She came once or twice a week. I paid her cash. She worked in _____ and _____. She was out of the state and country." Class I	A 078		
A 079 SS=L	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 16-25 212 26-35 253 36-45 294 46-55 335 56-65 375 66-75 416 76-85 457 86-95 498 96-105 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.	A 079		

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A 079	Continued From page 16 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 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	A 079			

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A 079	Continued From page 17 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 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	A 079		

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A 079	Continued From page 18 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. 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	A 079			

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A 079	Continued From page 19 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 observation, record review and interview, the facility failed to ensure adequate qualified staff were available to meet the scheduled and unscheduled needs for Residents #1 and #2 when there were found unresponsive and later at the hospital. The facility also failed to provide the minimum required 168 Hours/Week for four (4) residents. Findings: 1) A review of the Staffing Pattern dated 11/09/2024 from 7:00 PM to 7:00 AM showed no staff listed for the overnight shift. A review of the Staffing Pattern dated 11/10/2024 from 7:00 AM to 7:00 PM showed the Administrator and Staff B (Caregiver) listed. Interviewed on at 10: 44 AM Staff C (Caregiver) stated that she worked alone on the overnight shift on through when she found Resident #1 unresponsive. Staff C stated that it was about 2:00 AM-3:00 AM. Staff C stated, "She was not breathing. I was alone." A review of the emergency medical services () records dated showed their arrival at the scene at 5:35 AM and providing initial at 5:36 AM. The records documented: "Upon arrival patient [(Resident #1)] was found laying in bed with no , and not	A 079	

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A 079	Continued From page 20 breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into _____ and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was _____ when arrived to the hospital. _____ was unable to be completed due to patients poor _____. Doctor at [hospital] called patient _____ at 6:10 AM." Interviewed on _____ at 10:39 AM Staff B stated that she did not work on _____. Interviewed on _____ at 12:39 PM the Administrator stated that she made a mistake and that she remembered Staff B _____ surgery in the first week of _____ and that this was _____ when she would have Staff C cover for her. A review of the level two (2) background screening clearinghouse database showed no Staff C on the roster or an eligible background check. A review of Staff C's personnel records found no training to include the three hours (3) of Activities of Daily Living and Behavioral needs training. 2) A review of the Staffing Pattern for 11/28/2024 showed no staff listed on scheduled from 7:00 PM to 7:00 AM for the overnight shift. A review of the Staffing Pattern for 11/29/2024 showed the administrator and Staff I (Caregiver) on schedule from 7:00 AM to 7:00 PM. Interviewed on _____ at 9:44 AM when asked what happened to Resident #2, Staff C	A 079			

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A 079	Continued From page 21 stated that the resident had , . Staff C stated that he had and that he was taking medications. Staff C stated that he had a severe and a . Staff C stated that the Administrator called rescue. Staff C stated that the Administrator was not there. Staff C stated, "I called the Administrator. It was around 6:00 AM. He had difficulty breathing." Staff C stated that she tried to call rescue but she got nervous and she did not know if she got through with calling. Staff C stated, "I then called the Administrator." When asked if she was working alone, Staff C stated that somebody was working named [Staff D] and that she no longer works there. Staff C stated that Staff D worked that night and that she would work the day shift. Staff C stated that Staff D was out of the country. Staff C stated that she came in the morning and that Staff D told her that Resident #2 was having breathing difficulties in the morning. Staff C stated that she found him like that between 6:00 AM and 6:30 AM. Staff C stated that when fire rescue came, they took him down with and that he was still breathing. Staff C stated that she found out later that he at the hospital. Interviewed on at 10:39 AM when asked again if she was working on , Staff B stated that she was not in the facility. Staff B stated that she had surgery on . Staff B stated further that the administrator probably did not remember she was out since and that she did not work on 3) Observation on at 7:16 AM found Staff B and Staff C assisting four residents (#3, #4, #5, #6).	A 079			

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A 079	Continued From page 22 A review of Resident #3's health assessment with a completion date of _____ showed the activities of daily living with needed assistance with ambulation, bathing, _____, self-care, eating, toileting and transferring. However, resident was bedridden. A review of Resident #4's health assessment with a completion date of _____ showed the resident needed total care in ambulation, bathing, bathing, _____, self-care, eating, toileting, and transferring. The nursing notes showed the resident was under hospice care. A review of Resident #5's health assessment with a completion date of _____ showed the resident needed assistance with ambulation, bathing, _____, toileting, self-care, transferring, and supervision with eating. A review of the Staffing Pattern dated _____, through _____, showed the Administrator, _____, and Staff B (Caregiver) with a total of 120 weekly hours although Staff C and Staff H (Caregivers) were listed. Interviewed on _____ at 12:51 PM Staff H stated he never worked at the [facility] and that he worked at another [facility]. Staff H stated that he spoke to the owner about it, but he never worked. Staff H stated, "Yes, I am at another assisted living facility (ALF). I am not registered at the ALF, but I have a background check." Class I	A 079			
A 093 SS=G	59A-36.012(2) FAC Food Service - Dietary Standards	A 093			

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A 093	Continued From page 23 (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.frules.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	A 093			

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A 093	Continued From page 24 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. 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	A 093			

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A 093	Continued From page 25 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 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, record review and interview, the facility failed to ensure that two of six sampled residents (Residents #4 and #5) received a therapeutic diet as prescribed by their primary care physician. The facility failed to follow the menu approved by a registered dietitian. The facility failed to date and post the menu making it accessible to the residents. The facility failed to keep regular and therapeutic menu with noted substitutions on file for six months. Findings: 1)	A 093			

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A 093	Continued From page 26 Observation on _____ at 8:15 AM Staff B (Caregiver) fed Resident #5 papaya chunks, and cereal with a spoon. A review of Staff B's personnel records found three hours (3) of Food Processing and Nutrition Safety and Precautions Handling Food training on _____. Interviewed on _____ at 1:22 PM when asked what _____ was, Staff B stated that she worked in a hospital [out of the country] and that she was also a food service employee. When asked to identify residents in the facility with _____, Staff B stated Resident #3. Staff B stated further that Resident #3 was on a pureed diet with thickener. When asked if there was any other resident on a pureed diet, Staff B stated, "[Resident #4]." Staff B stated further that Resident 5's family brings him regular food like beans and rice. A review of Resident #5's health assessment with a completion date of _____ showed the resident was prescribed crushed medications and a pureed diet, and needed _____ precautions. The resident needed assistance with ambulation, bathing, _____, toileting, self-care, transferring, and supervision with eating. Observation on _____ at 11:39 AM revealed Staff C (Caregiver) fed Resident #5 white rice and ground beef, placing the food on a spoon and then directly into the resident's _____. A review of Staff C's personnel records found no documentation of training regarding assisting residents with Activities of Daily Living and Behavioral needs training, or training in Safe _____.	A 093			

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A 093	Continued From page 27 Food Handling and Nutrition. Interviewed on _____ at 7:33 AM the Administrator stated that Staff C did not have a background screening or training. 2) Interviewed on _____ at 1:57 PM the Administrator stated that Resident #4' son likes to bring his father hamburgers on the weekend and she wanted to know what to do. A review of Resident #4's health assessment with a completion date of _____ showed a diagnoses of a _____ on the _____ and _____. The physical status showed bedbound. The _____ status showed _____. The nursing requirements showed hospice care and patient required _____ care. The special precautions showed _____, precautions. The resident needed assistance with ambulation, bathing, _____, eating, self-care, toileting and transferring. The special diet instructions showed soft _____, _____ diet. 3) Observation on _____ at 7:16 AM found no posted menu on the refrigerator in the kitchen area or on the bulletin board. Observation on _____ at 8:15 AM Resident #6 served a ham and cheese sandwich, juice, water and coffee. Observation on _____ at 8:35 AM Resident #5 served papaya chunks and cereal.	A 093			

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NAME OF PROVIDER OR SUPPLIER A LIFE OF LOVE ALF, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10930 SW 143 CT MIAMI, FL 33186		
(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 093	Continued From page 28 A review of the menu without a date showed juice, dry or hot cereal, bread, margarine and milk and no noted substitutions. Interviewed on _____ at 7:33 AM the Administrator stated that she was just bringing the menu. A review of the facility records found no six months or regular and therapeutic menus of file. Interviewed on _____ at 1:57 PM regarding the menu not being followed, the Administrator stated that she never had this situation before. Class II	A 093			
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable	A 152			

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A 152	Continued From page 29 ✓ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a safe and decent living environment, free of hazards for four out of four sampled residents (Residents # 1,2,3,4). Findings: Observation on at 7:16 AM scuff marks on walls in the common areas and bedrooms. Observation on at 7:25 AM # had a missing nightstand, lamp and garbage can. Observation on at 7:29 AM found over the counter medications for Staff B to include a bottle of Omega 3 and a box of Intrarosa Prasterone Inserts.	A 152			

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A 152	Continued From page 30 Photographic evidence obtained. Interviewed on _____ at 7:29 AM Staff B (Caregiver) stated that the medications belonged to her. Observation on _____ at 7:47 AM the wooden deck at the rear of the house adjacent to the glass door appeared to have several rotted woods. Observation on _____ at 7:48 AM showed the _____ green carpet that covers the wooden deck at the patio appeared to have a four- bulge, which may result in a trip hazard. Photographic evidence obtained. Observation on _____ at 10:53 AM bathroom in main hallway missing a toilet seat and a gallon of bleach between the toilet and shower. Photographic evidence obtained. Interviewed on _____ at 1:57 PM the Administrator acknowledged the problems and stated, "Okay." Class III	A 152			
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. _____, 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number,	A 162			

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A 162	Continued From page 31 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that _____ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.	A 162			

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A 162	Continued From page 32 (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an . . . recipient, a copy of the Department of Children and Families form Alternate Care Certification for . . . , . . . (. . .), CF-ES 1006, . . . , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the . . . of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.	A 162			

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A 162	Continued From page 33 (o) The resident's _____, DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain a copy of one of six sampled residents' (Resident #6's) health assessment. The facility failed to obtain documentation of an _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for one of six sampled residents (Resident #6). The facility failed to maintain a completed demographic sheet for Resident #6. Findings: Observation on _____ at 7:25 AM found Resident # 6 in his assigned room.	A 162			

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A 162	Continued From page 34 A review of Resident #6's records found no health assessment, an incomplete demographic form, and signed documents by the stepson but no power of attorney. Interviewed on _____ at 12:09 PM PM the Administrator stated, "No, the family does not want him to see the primary care physician we use. Yes, the stepson signed the contract. But there was no power of attorney." Class III	A 162			
A 163 SS=G	429.49 FS Records - Resident, Penalties for Alteration (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure the Administrator did not fraudulently alter, deface, or falsify any medical or other record of an assisted living facility. Findings: A review of Resident #2's progress notes found no notes on _____.	A 163			

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A 163	Continued From page 35 Interviewed on _____ at 12:07 PM when asked for progress notes on Resident #2 which were not immediately provided, the Administrator stated, "I have it right here." Observation on _____ at 12:07 PM revealed the Administrator wrote on the progress note that she and Staff B (Caregiver) provided _____ to Resident #2. A review of Resident #2's _____ records dated _____ documented: " _____ male at ALF in _____ Facility staff stated they last saw the patient alive that morning. Then approximately 30 min prior to [rescue's] arrival. Staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no _____ and began _____ Upon arrival patient was found laying in bed in supine position un responsive and in _____ One member of the ALF team was performing _____ The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual _____ were immediately initiated. It was at this time R36 crew found that patient defecated prior and there was a decent amount of fecal matter in the area we were working." Interviewed on _____ at 9:23 AM the Administrator stated that Staff B and herself were there with Resident #2 and that she (Administrator) performed _____ The Administrator stated that it was around 6:00 AM. The Administrator stated that she "literally" got there with rescue. Interviewed on _____ at 9:33 AM Staff B (Caregiver) stated that she was out having surgery from _____ through _____	A 163			

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A 163	Continued From page 36 Interviewed on _____ at 10:44 AM Staff C stated that Staff D (Caregiver) was working overnight alone and that when she arrived in the morning, she found Resident #2 had difficulty breathing at 6:00 AM. Staff C stated that the Administrator was not there, and that fire rescue was called. Interviewed on _____ at 12:39 PM the Administrator stated that she made a mistake. The Administrator stated when she spoke to the inspector, she now remembered that Staff B had surgery the first week of _____, and this was when she would have Staff C cover for her. Class II	A 163		
A 165 SS=D	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:	A 165		

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A 165	Continued From page 37 (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. _____ ; 2. _____ or _____ damage; 3. Permanent _____ ; 4. _____ or _____ of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) _____, neglect, or _____ must be reported to the Department of Children and Families as required under chapter 415.	A 165			

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A 165	Continued From page 38 (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to file an Adverse Incident Report for two of six sampled residents (Residents #1 and #2) after both residents found unresponsive and later	A 165			

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A 165	Continued From page 39 Findings: 1) A review of the adverse incident reporting systems (AIRS) database showed no report filed for Resident #1. A review of Resident #1's emergency medical services records dated showed: "Upon arrival patient [Resident #1] was found laying in bed with no and not breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was (no heartbeat) when arrived to the hospital. Doctor at [hospital] called patient at 6:10 AM." 2) A review of the (Emergency Medical Services) record for Resident #2 dated showed: " male at an ALF in . Facility staff stated they last saw the patient alive that morning, then approximately 30 min prior to [rescue's] arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no and began . Upon arrival patient was found laying in bed in supine position unresponsive and in . One member of the ALF staff was performing . The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual were immediately initiated."	A 165			

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A 165	Continued From page 40 Interviewed on _____ at 1:57 PM the Administrator acknowledged that an adverse incident was not filed for Resident #1 or 2. The Administrator stated further that the place was in a mess. Class III		A 165		
A 180 SS=D	59A-36.019(1) FAC Emergency Management (1) EMERGENCY PLAN COMPONENTS. Pursuant to Section 429.41, F.S., each facility must prepare a written comprehensive emergency management plan using "Minimum Emergency Management Planning Criteria for Assisted Living Facilities," AHCA Form 3180-5006, _____, incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-15964 . The form is also available at: https://ahca.myflorida.com/MCHQ/Emergency_Activities/index.shtml . The emergency management plan must, at a minimum, address the following: (a) Provision for all hazards; (b) Provision for the care of residents remaining in the facility during an emergency, including pre-disaster or emergency preparation; protecting the facility; supplies; emergency power; food and water; staffing; and emergency equipment; (c) Provision for the care of residents who must be evacuated from the facility during an emergency including identification of such residents and transfer of resident records; evacuation transportation; sheltering arrangements; supplies; staffing; emergency equipment; and medications; (d) Provision for the care of additional residents		A 180		

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A 180	Continued From page 41 who may be evacuated to the facility during an emergency including the identification of such residents, staffing, and supplies; (e) Identification of residents with _____'s or related _____, and residents with mobility limitations who may need specialized assistance either at the facility or in case of evacuation; (f) Identification of and coordination with the county emergency management agency; (g) Arrangement for post-disaster activities including responding to family inquiries, obtaining medical intervention for residents, transportation, and reporting to the county emergency management agency the number of residents who have been relocated, and the place of relocation; and, (h) The identification of staff responsible for implementing each part of the plan. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of an approved comprehensive emergency management and power plan. Findings: A record review of the comprehensive emergency power plan found no approval and no updated emergency plan. Interviewed on _____ at 1:57 AM the Administrator stated, "I submitted it. I don't have the exact date." Class III	A 180		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 182 A 182 SS=D	Continued From page 42 59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that one of four sampled staff (Staff B, Caregiver) was capable of implementing emergency plan in the event of a power outage. Findings: Observation on at 7:47 AM Staff B was unable to start the portable generator. Interviewed on at 1:57 PM the Administrator stated, "She was not able to start it (generator)." A review of Staff B's personnel records showed a hire date of and one (1) hour of training in Facility Emergency Procedures. Class III	A 182 A 182			
A 200 SS=E	59A-36.025 FAC Emergency Environmental Control	A 200			

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A 200	Continued From page 43 59A-36.025 Emergency Environmental Control for Assisted Living Facilities. (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving	A 200			

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A 200	Continued From page 44 provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F. S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly	A 200			

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A 200	Continued From page 45 described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage. 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living	A 200			

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A 200	Continued From page 46 facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within 30 days of the approval of the plan from the county emergency management agency, the assisted living facility shall submit in writing	A 200			

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A 200	Continued From page 47 proof of the approval to the Agency for Health Care Administration to assistedliving@ahca.myflorida.com. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan required under this rule. (b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license. (c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction. (5) POLICIES AND PROCEDURES. (a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from	A 200			

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A 200	Continued From page 48 fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of , and heat injury; and 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429,	A 200			

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A 200	Continued From page 49 Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. 3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the	A 200			

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A 200	Continued From page 50 notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain sufficient fuel to supply the alternate power source to ensure that air temperatures would be maintained at or below 81 degrees Fahrenheit for a minimum of 96 hours in the event of the loss of primary electrical power. Findings: Observation on at 7:47 AM found the facility only had 10 ½ gallons of gasoline, enough to operate the portable generator for 16 hours, contained in three red gasoline containers. Photographic evidence obtained. Interviewed on at 1:57 PM the Administrator stated, "I don't think it is gas." Class III	A 200			
A 000	Initial Comments A complaint (#2024015851) investigation was conducted at A Life of Love ALF, Inc from through . The provider had deficiencies at the time of the survey.	A 000			
A 007 SS=G	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license:	A 007			

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A 007	Continued From page 51 1. Be at least 2. Be free from signs and symptoms of any communicable that is likely to be transmitted to other residents or staff. An individual who has () may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S.	A 007			

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A 007	Continued From page 52 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any _____ or 4 _____. A resident requiring care of a _____ may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's record and admission and discharge logs; and, c. 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. 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. _____ airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with _____ c. Monitoring of _____ gases, d. Management of post-surgical drainage tubes and _____ vacuum devices; e. The administration of _____ products in the facility; or f. Treatment of surgical _____ or _____, unless the surgical _____ or _____ and the	A 007		

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A 007	Continued From page 53 underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. _____ and _____ performed in the facility; b. _____, performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The administrator must base the determination on: a. An assessment of the strengths, needs, and preferences of the individual; b. The medical examination report required by Section 429.26, F.S.; c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and, d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C. (b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable _____ or assistance with routine _____ care of _____ site _____ placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to	A 007			

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A 007	Continued From page 54 provide the assistance or to provide training to the resident on how to perform these functions themselves. (c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from _____ with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license. (d) Notwithstanding any other provisions of this rule, an individual enrolled in and receiving licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission 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 observation record review and interview, the facility failed to ensure that one of six sampled residents (Resident #3) met the minimum criteria in order to be admitted to a facility holding a standard license. The resident was bedridden and not receiving licensed hospice services. Findings: Observation _____ at 7:16 AM found Resident #3 in a hospital bed with full bedrails.	A 007			

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A 007	Continued From page 55 Observation on _____ at 8:57 AM Resident #3 remained in hospital bed with full bedrails. Observation on _____ at 1:57 PM Resident #3 remained in hospital bed with full bedrails. A review of Resident #3's health assessment with a completion date of _____ showed _____, treated _____, treated _____, and _____. The physical limitations showed decreased mobility S/P _____. The _____ status showed _____. The nursing requirements showed _____ strength, medication management, _____ reading, longevity 24 units daily. The special precautions showed safety, _____, and spirations. The activities of daily living showed assistance with ambulation, bathing, _____, eating, self-care, toileting, and transferring. The special diet instructions showed soft, low fat, low _____ and _____ diet. The resident needed medication administration. Interviewed on _____ at 12:02 PM when asked if Resident #3 could walk, the Administrator stated, "She can't walk. She needed assistance. She was bedbound." Interviewed on _____ at 12:39 PM the Administrator stated, "[Resident #3] was a wrong admission. She was transferable when she first came. She was not listed as total care; they don't have money. Her daughter lived in a car. If I admitted her to hospice, I can't continue with [the program]." Interviewed on _____ at 1:16 PM the home	A 007			

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NAME OF PROVIDER OR SUPPLIER A LIFE OF LOVE ALF, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 10930 SW 143 CT MIAMI, FL 33186			
(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 007	Continued From page 56 health nurse that provided administration for Resident #3 stated that she was bedbound. A review of the admissions and discharged log showed an admission date of for Resident #3. Interviewed on at 1:57 PM the Administrator stated that Resident #3 needed hospice care. Class II	A 007			
A 025 SS=F	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.	A 025			

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A 025	Continued From page 57 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. (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 record review and interview, the facility failed to maintain a written record, updated as needed, of any significant changes for Residents #1 and #2, and #6. Residents #1, and #2 were found unresponsive and later . The facility failed to document Resident #6's refusal to demonstrate appropriate hygiene practices.	A 025			

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A 025	Continued From page 58 Findings: 1) A review of Resident #1's emergency medical services () record dated showed: "Upon arrival patient [(Resident #1)] was found laying in bed with no, and not breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was when arrived to the hospital. was unable to be completed due to patients poor, . Doctor at [hospital] called patient at 6:10 AM." A review of Resident #1's progress notes found no documentation of the incident. Interviewed on at 11:22 AM the Administrator stated [Resident #1's] nephew took a lot of her documents. 2) A review of Resident #2's records dated showed the following: " . Facility staff male at an ALF in . Facility staff stated they last saw the patient alive that morning, then approximately 30 min prior to R36's arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no and began . Upon arrival patient was found laying in bed in supine position unresponsive and in . One member of the ALF staff was performing . The patient	A 025			

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A 025	Continued From page 59 was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual _____ were immediately initiated." A review of Resident #2's progress notes found no documentation of incident. Observation on _____ at 12:07 PM after no progress notes were found in Resident #2's records, the Administrator then stated, "I have it right here." 3) Observation on _____ at 7:25 AM Resident #1 in room and wash supervised or asked to bathe or shower. Interviewed on _____ at 12:01 PM the Administrator instructed Staff B (Caregiver) to assist Resident #6 with a shower. The Administrator stated further that Resident #6 does not like to shower. When asked if this was documented in his progress notes, the Administrator stated, "No." Class III	A 025			
A 027 SS=H	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making _____ and remind residents about scheduled _____ for medical, dental, nursing, or mental health services.	A 027			

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A 027	Continued From page 60 (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a , health care provider. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to make arrangements for health care for tow of six sampled residents (Residents #3 and #6). Resident #3 was bedbound and not under the care of a license hospice care provider. Resident #6 had been in the facility for more than 60 days without being assessed by a primary care physician. Findings: 1) Observation on found Resident #3 in a hospital bed with full bedrails. A review of the Admissions and Discharge log showed Resident #3 was admitted on A review of Resident #3's health assessment with a completion date of showed , , and . The physical limitations showed decreased mobility S/P (status post accident). The status showed . The nursing requirements showed , , , (strength, medication management, , reading,	A 027			

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A 027	Continued From page 61 longevity 24 units daily. The special precautions showed safety, , and spirations. The activities of daily living showed the resident needed assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. The special diet instructions showed soft, low fat, low and diet. The resident needed medication administration. Interviewed on at 12:39 PM the Administrator stated, "[Resident #3] was a wrong admission. She was transferable when she first came. She was not listed as total care; they don't have money. Her daughter lived in a car. If I admitted her to hospice, I can't continue with [the program]." 2) Observation on at 7:25 AM Resident #6 seated on a bed. A review of the Admissions and Discharge log showed Resident #6 was admitted on A review of Resident #6 records found no complete health assessment. Interviewed on at 12:09 PM when asked if Resident #6 had a health assessment, the Administrator stated, "No, the family does not want him to see the primary care physician we use. The son was supposed to take him to see his doctor." Class II	A 027			

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A 030 A 030 SS=L	Continued From page 62 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 A 030			

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A 030	Continued From page 63 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 64 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 65 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 66 (1) 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 67 429.27 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 interview, the facility failed to ensure that five of six sampled residents (Residents #1 and #2) received assistance with obtaining access to adequate and appropriate health care. Residents #1 and #2 were found unresponsive and subsequently . The facility deprived Residents #1 and #2 of the right to qualified personnel when Staff C and D (untrained Caregivers) were left alone with residents. Findings: 1) A review of the emergency medical services	A 030		

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A 030	Continued From page 68 () records dated showed their arrival at the scene at 5:35 AM and providing initial at 5:36 AM. The records documented: "Upon arrival patient [(Resident #1)] was found laying in bed with no , and not breathing. ALF staff stated she was seen normal 30 minutes prior to our arrival. Protocol 9 was started and followed. Patient went into and was shocked as we arrived to the hospital. Patient conditioned was unchanged and was when arrived to the hospital. was unable to be completed due to patients poor , Doctor at [hospital] called patient at 6:10 AM." A review of the admissions and discharge log showed Resident #1 was unresponsive and transported to the [hospital] on Interviewed on at 9:19 AM the Administrator stated that Staff B (Caregiver) was working. The Administrator stated that the incident occurred around 4:00 AM on The Administrator stated that the resident was unresponsive. The Administrator stated, "One day she was stiff. I don't think she was breathing. She touched her. She was warm." When asked if () was given, the Administrator stated, "I don't think so. She did not have a do not order (DNOR). Yes, was given. When 911 was called they directed us to do . 911 came and took her to the hospital and she at the hospital." The Administrated stated that Resident #1 was not under hospice care. Interviewed on at 9:33 AM Staff B that she was not in the [facility] at the time. Staff B stated that she was out from . Staff B stated that	A 030			

AHCA Form 3020-0001
STATE FORM

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A 030	Continued From page 70 application for employment, a hire date, training courses, ir an eligible level 2 background screening. 2) A review of the (emergency medical services) records dated showed: " male at an ALF in . Facility staff stated they last saw the patient alive that morning, then approximately 30 min prior to R36's arrival, staff stated they heard the patient coughing. When staff came to check on the patient they found him unresponsive with no , and began . Upon arrival patient was found laying in bed in supine position unresponsive and in . One member of the ALF staff was performing . The patient was found to be warm with pupils fixed and dilated. Patient was moved to the ground and manual , were immediately initiated." A review of the hospital records showed: " male with history of , who presents to the emergency department via in , from his assisted living facility. A review of the admissions and discharge log showed Resident #2 was transferred to the [hospital]. Interviewed on at 9:23 AM the Administrator stated that Resident #2 was pale. The Administrator stated that Staff B went to wake him up and 'it was the same thing as always.' The Administrator stated, "It was around 6:00 AM. With him, he had a , problem. He did not respond and 911 was called	A 030			

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A 030	Continued From page 71 by Staff B. She did . . . I did . . . with Resident #2. I literally got here with 911 arrival. Staff B was here." When asked why Staff B would state she was not working, the Administrator stated, "these staff think if a patient . . . they would go to jail." The Administrator stated that Staff B was even crying. When asked if Staff B was doing when she arrived, the Administrator stated, "No." Interviewed on . . . at 10:39 AM when asked again if she was working on . . . Staff B stated that she was not in the facility. Staff B stated that she had surgery on . . . Staff B stated further that the administrator probably did not remember she was out since . . . and that she did not work on . . . Interviewed on . . . at 9:44 AM when asked what happened to Resident #2, Staff C stated that the resident had . . . Staff C stated that he had . . . and that he was taking medications. Staff C stated that he had a severe . . . and a . . . Staff C stated that the Administrator called rescue. Staff C stated that the Administrator was not there. Staff C stated, "I called the Administrator. It was around 6:00 AM. He had difficulty breathing." Staff C stated that she tried to call rescue but she got nervous and she did not know if she got through with calling. Staff C stated, "I then called the Administrator." When asked if she was working alone, Staff C stated that somebody was working named [Staff D] and that she no longer works there. Staff C stated that Staff D worked that night and that she would work the day shift. Staff C stated that Staff D was out of the country. Staff C stated that she came in the morning and that Staff D told her that Resident #2 was having breathing difficulties in the morning. Staff C stated	A 030			

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A 030	Continued From page 72 that she found him like that between 6:00 AM and 6:30 AM. Staff C stated that when fire rescue came, they took him down with _____ and that he was still breathing. Staff C stated that she found out later that he _____ at the hospital. According to the _____ records, an employee from the assisted living facility (ALF) was doing on Resident #2 while in then the bed. However, hospital records dated _____, confirmed the daughter stated that Resident #2 was a do no intubate and _____ and that he at 8:27 AM. A review of Resident #2's records found no _____ A review of Resident #2's health assessment with a completion date of _____ showed _____, (R) _____, Major _____ D/O. The physical limitations showed decreased strength, balance coordination, endurance, decreased safety awareness. The _____ status showed _____ at times. The nursing requirement showed physical, _____, skilled nurse. The special precautions showed universal precautions. The activities of daily living showed assistance with ambulation, bathing, _____, eating, self-care, toileting, and transferring. According to Florida Health, a _____ "is a form or patient identification device developed by the Department of Health to identify people who do not wish to be _____ in the event of _____, or _____." Interviewed on _____ at 1:11 PM the Administrator stated that Staff D was the cleaning lady, but she did not have a level two background	A 030			

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A 030	Continued From page 73 screen and confirmed that she worked a few days in . Interviewed on _____ at 12:39 PM the Administrator stated that she now remembered Staff B had surgery the first week of _____, and this was when she had Staff C cover for her. The National Institute of Health defines full code as: "It means they want _____ and all life saving measures during a medical emergency. This includes shocks, _____, or _____, and being placed on a _____." A review of Staff D's personnel records found no application, hire date, training courses, including at level two background checks. Class I	A 030			
A 033 SS=D	59A-36.007(8) PHYSICAL (8) PHYSICAL _____ Residents for whom a physician has prescribed a physical _____ must have a written care plan for the use of the physical _____. The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the _____ applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of _____, _____, or decline in mobility or function related to the use of the prescribed _____.	A 033			

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A 033	Continued From page 74 (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical _____ annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical _____ and all requirements of this subsection apply. This Statute or Rule _____ is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure Resident #3, had a written care plan for the use of physical _____ to include the device prescribe for use, the maximum amount of time the _____ applied each day, and in what manner and frequency staff will monitor, and report to the physician any injuries. The facility failed to obtain a physician prescription for physical _____ for Residents #3. Findings: Observation on _____ at 7:23 AM found Resident #3 in a hospital bed with full bedrails in the up position. A review of Resident #3's health assessment with a completion date of _____ showed (), treated _____, treated _____, and _____. The physical limitations showed decreased mobility S/P _____. The _____ status showed _____. The nursing requirements showed _____ strength, medication management, _____ reading, longevity	A 033			

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A 033	Continued From page 75 24 units daily. The special precautions showed safety, , and . The activities of daily living showed assistance with ambulation, bathing, , eating, self-care, toileting, and transferring. Interviewed on . at when asked if Resident #3 could walk, the Administrator stated, "No." Interviewed on . at 1:16 PM the registered nurse providing administration for Resident #3 stated that the resident was bedbound. A review of Resident #3 records found no documentation of physical care plan and a prescription for full bedrails. Interviewed on . at 1:57 PM the Administrator acknowledged that there was no documentation and stated, "Okay." Class III	A 033			
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's	A 034			

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A 034	Continued From page 76 record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide documentation of policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repairs. The facility failed to document the assistive device in on of six sampled residents' (Resident #6') records. Findings: A review of facility policies and procedures found no documentation regarding assistive devices that included the requirements and methods for assessing the physical conditions of equipment that might injure residents and procedures for recommending repairs. Observation on _____ at 7:56 AM revealed Resident #6 used a walker to move to the dining table. A review of Resident #6's records found no documentation of a walker on file. Interviewed on _____ at 12:09 PM when asked if there was a care plan for assistive	A 034			

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A 034	Continued From page 77 devices for Resident #6, the Administrator stated, "No." Class III	A 034			