Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942983	A. BUILDING: _____ B. WING _____	03/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AIDEN SPRINGS	5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792

(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 | TITLE | (X6) 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, review of the Care Provider Background Screening Clearinghouse and interview, the facility failed to update the clearinghouse within 5 business days after 1 of 3 sampled staff's (B) hire date. Findings: On at 3:20 pm, the administrator said caregiver B was rehired on . Review of the facility's care provider background screening clearinghouse roster revealed it was not updated to reflect the caregivers rehire. The administrator confirmed the finding and said he did not know about the new 5 business day requirement. Unclassified	CZ814		
CZ815	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses	CZ815		

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CZ815	Continued From page 2 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ◡ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ◡ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ◡ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	CZ815		

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CZ815	Continued From page 3	CZ815		

qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(k) Section 817.50, relating to fraudulently

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CZ815	Continued From page 4 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	CZ815		

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CZ815	Continued From page 5 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	CZ815		

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CZ815	Continued From page 6 relating to retaining ⌣ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	CZ815		

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CZ815	Continued From page 7 exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07. (d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,	CZ815		

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CZ815	Continued From page 8 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on personnel record reviews and interviews, the facility failed to obtain proof of a level II background screening for 1 of 3 sampled staff (B). Findings: On at 9:10 am, observation revealed an unidentified staff, which was later determined to be caregiver B entering the facility through a door which granted entry into the medication room. On at 9:20 am, caregiver B stated she worked at the facility and caregiver A confirmed. On at 2:35 pm, caregiver B apologized for the delay stating, I was assisting a resident with care. Caregiver B stated I've worked at the facility for two years. Review of the agency for healthcare administration (AHCA) background screening website on at 2 pm revealed caregiver B's , , expired, and a new screening was required.	CZ815		

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CZ815	Continued From page 9 On at 2:51 pm, caregiver B said she went on to get a new set of , done. She confirmed giving a false name on . When asked why she responded, "I don't know why." On at 3:20 pm, the administrator said caregiver B was rehired on . He said he allowed the caregiver to work without an eligible level 2 background screening because she was familiar with the residents, and they were familiar with her. He said the caregiver had a new set of , done on . Review of the caregiver's timecard revealed she worked on , , , , and . Unclassified	CZ815		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's , to the Federal Bureau of Investigation for a national criminal history record check unless the person's , are enrolled in the Federal	CZ816		

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CZ816	Continued From page 10 Bureau of Investigation's national retained print notification program. If the ␣, ␣ of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣, ␣ electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣, ␣ to the Federal Bureau of Investigation for a national criminal history record check. The ␣, ␣ shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣, ␣. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.	CZ816		

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CZ816	Continued From page 11 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all	CZ816		

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CZ816	Continued From page 12 health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure the personnel record for 1 of 3 sampled staff (B) contained a complete attestation of compliance with background screening requirements. Findings: On at 3:20 pm, the administrator said caregiver B was rehired on . Review of the caregiver's personnel record revealed it did not contain an attestation of compliance with background screening requirements. On at 3:50 pm, the administrator confirmed the finding and was unable to provide additional documentation. Unclassified	CZ816		

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A 000	Initial Comments A re-licensure survey and generator monitoring was conducted at Aiden Springs Assisted Living on - 12, 2025. The facility had deficiencies at the time of the visit.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made	A 008		

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A 008	Continued From page 14	A 008		

available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

(6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further,

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A 008	Continued From page 15 Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of , , require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 16 in the opinion of the examining health care practitioner, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner. (b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed. 1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility. 2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided. (c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).	A 008		

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A 008	Continued From page 17 (d) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish , , to be administered in the case of or , , . (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a health assessment form (1823) accurately reflected the presence of a , for 1 of 10 sampled residents (#6.) Findings: Review of resident #6's record revealed a facility	A 008		

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A 008	Continued From page 18 admission date of . A 1823 indicated under medical history and diagnoses , left , . The question was answered "no" for any , 3, or 4 , . On the administrator documented the resident had two minor and home health care was ordered. A home health nurse's visit note indicated the left , had a bordered foam . On at 10:10 am, the resident was seen sitting in a wheelchair in her room. She said she at home and was on the floor for several days before her roommate called an ambulance. She said the left , was present when she was at home. She said the other were healed and the , was down in size to a quarter. She said home health treated the , and a , came every Thursday. On at 2:30 pm, when asked to describe the two minor he referenced in his admission note, the administrator said "I actually don't know. The facility she came from said she had two minor , and they set up home health." He had no knowledge of the type of or where they were located on the resident. On at 2:35 pm, the advanced practice registered nurse (APRN) removed the left , . Edges of steristrips were seen and covered with a 2x2 . That was not removed due to a placement. Therefore, the bed could not be visualized. The surrounding skin was intact and without signs and symptoms of . The resident had a wheelchair cushion and air mattress.	A 008		

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A 008	Continued From page 19 A request for medical records was sent to both the home health company and care , , however, no records were received. On at 4:10 pm, the administrator confirmed the answer of "no" was incorrect on the 1823 regarding the presence of any , 3, or 4 , . Class III	A 008		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's	A 052		

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A 052	Continued From page 20 or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands	A 052		

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A 052	Continued From page 21 the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected	A 052		

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A 052	Continued From page 22 noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record reviews, and interviews unlicensed care staff A failed to follow	A 052		

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A 052	Continued From page 23 proper medication - assistance with self-administration of an improper med pass for 3 of 3 sampled residents. (#7, 8, 9). Findings: 1. On at 12:15 pm, observations of resident #7's med pass administered by unlicensed care giver A revealed the following. Unlicensed caregiver A washed, dried her , put on gloves, and proceeded to remove the med cart from the med room located near the kitchen. The unlicensed caregiver stated I'm going to pass meds today while the residents are eating lunch. Unlicensed caregiver A approached resident #7 with the med cart in the dining room, identifying by name, and informed the resident she would be giving him his noon meds. The unlicensed caregiver unlocked the med cart, did not review the medication observation records (MORs) prior to removing , Mes tab 1 mg, tab 25 mg, popped both tablets into a medicine cup, did not state the name or dose of the medication, handed the cup to the resident who administered the medication without assistance from the unlicensed staff. The unlicensed caregiver returned the meds to the cart and updated the medication observation records. A record review of resident #7 revealed a facility admission on . A 1823 health assessment indicated that he needs assistance with self-administration of medications. Further review revealed resident #7's guardian signed a waiver on which states, I waived the requirement for Aiden Springs ALF staff to read the medication name and dosage to me while assisting me with self-administration of medication. I understand I can ask for the name and dosage of any medication if desired.	A 052		

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A 052	Continued From page 24 The unlicensed caregiver continued with the next med pass by moving the med cart towards the middle of the dining room near the hallway stating I'm going to do resident #8 next. On at 12:20 pm, the unlicensed caregiver stated I'm going to give resident #8 his , med (, med) because it was high when I checked it. The unlicensed caregiver was asked when was resident #8's , checked; the unlicensed caregiver stated, oh, I checked it around 11 am and now I'm giving him his meds. I didn't know you needed to see that. Observations of resident #8's med pass revealed unlicensed caregiver A did not review the MORs prior to removing resident #8 medications from the med cart, did not follow proper hygiene, and continued with the same pair of gloves applied before passing meds to resident #7. The unlicensed caregiver opened the unlocked med cart, removed 10 mg, Zenep 5000-24000-unit, Fish Oil 1000 mg, pre-popped meds into a medication cup at the med cart and not within the residents' view. The unlicensed caregiver handed the 3 bubble packs to the surveyor for review and documentation purposes only at the med cart. The unlicensed caregiver left the med cart open, unlocked, and continued to walk approximately 3 -5 away towards resident #8 who was sitting at a table located behind the med cart. The unlicensed caregiver identified resident #8 by name, not stating the name or dose of the medications, handing resident #8 the medicine cup and a cup of water prepared at the med cart. The resident administered the medication without assistance from the unlicensed staff. The medication pass was observed while standing at the opened, unlocked med cart.	A 052		

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A 052	Continued From page 25 2. A record review of resident #8 revealed a facility admission on . A 1823 health assessment form indicated needs assistance with self-administration of medications. Further review revealed resident #8 signed a medication waiver on which states, I waived the requirement for Aiden Springs ALF staff to read the medication name and dosage to me while assisting me with self-administration of medication. I understand I can ask for the name and dosage of any medication if desired. The unlicensed caregiver walked past the open, unlocked med cart stating I have another med pass and proceeded down the hallway to get resident #9. On at 12:25 pm, resident #9 was observed walking down the hallway and sitting at the table in the dining room with resident #8 in preparation for his medication. On at 12:25 pm, the unlicensed caregiver returned to the med cart, continuing with the same gloves applied at 12:15 pm for resident #7. The unlicensed caregiver reached in the open, unlocked med cart, did not review the MORs prior to removing resident #9's medication , 100 mg, pre-popped the 1 pill into a medicine cup not within the residents' view, poured a cup of water, walking approximately towards resident #9 who was sitting at a table located behind the med cart. The unlicensed caregiver left resident #8 and #9's meds while completing the med pass for resident #9. The unlicensed caregiver identified resident #9 by name, handing resident #9 the medicine cup and cup of water prepared at the med cart. The	A 052		

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A 052	Continued From page 26 resident administered the medication without assistance from the unlicensed staff. The med pass was observed next to the open, unlocked med cart. 3. A record review of resident #9 revealed a facility admission on . A health assessment indicated that he needs assistance with self-administration of medications. Further review revealed resident #9 signed a medication waiver on which states, I waived the requirement for Aiden Springs ALF staff to read the medication name and dosage to me while assisting me with self-administration of medication. I understand I can ask for the name and dosage of any medication if desired. The unlicensed caregiver was asked the following after the med passes: if she had completed training for self-administration of medications, why did she leave the cart open, unlocked, did not take the medications to resident #8 and #9 for the med pass, update the MORs after the med pass, and why didn't she complete proper hygiene after each resident. The unlicensed caregiver was also asked why she left the medications for residents 8 and #9 with the surveyor. On at 12:33 pm, unlicensed caregiver A stated, I've completed my 6hr and 2hr medication training. In my training, I wash my and apply gloves. I didn't know I needed to change my gloves or sanitize after each resident. During the med pass, I do not have to call out the name or dose of the medications as the residents have waivers. I push the pills into the cup, the cup to the resident, making sure they take them, have water to swallow, then update the chart. I usually do the med pass in the medication	A 052		

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AIDEN SPRINGS	5520 HOWELL BRANCH ROAD WINTER PARK, FL 32792

(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 052	Continued From page 27	A 052		

room and the residents come inside. They can see me preparing the medications. I usually update the MORs after I pass all the meds to the residents. It's just easier that way. Unlicensed caregiver A asked, I didn't check the MORs? I guess because I know what each resident gets, and I've been doing it for a long time. I thought because you work for the state, I could leave the cart open and the meds with you because you needed to see them.

The unlicensed caregiver was made aware to follow proper hygiene to prevent the spread of control, to review the MORs prior to beginning a med pass for each resident, to prepare the medication in the presence of the resident, to update the MORs after each med pass, and to lock and secure the medication when away from the med cart.

Review of the undated Aiden Springs ALF Control Policy states, Aiden Springs ALF control program is designed to provide a safe, sanitary, and comfortable environment for our residents, staff, and visitors. Its' intent is to minimize and prevent, when possible, the development and transmission of and . All staff are asked to observe, inquire, and report incidents or situations that might lead to an unsafe environment that will allow an to occur. Hygiene and Washing - staff must wash their before and after assisting any resident personal care.

The administrator was made aware of the improper med pass conducted by unlicensed caregiver A.

On at 1:05 pm, the administrator stated, she probably was nervous.

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A 052	Continued From page 28 (photographic evidence obtained) Class III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their	A 078		

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A 078	Continued From page 29 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 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 staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing unlicensed staff to prepare for injection and administer to 6 of 10 sampled residents (#3, 9, 10, 11, 12, 13) and	A 078		

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A 078	Continued From page 30 change the ¸ appliance for 1 of 4 sampled residents (#6) and failed to ensure 1 of 2 sampled staff (A) submitted a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable within 30 days after beginning employment. Findings: 1. Review of resident #6's record revealed a facility admission date of . A home health skilled nursing note indicated the resident's ¸ was bag was clean and intact. On at 10:10 am, resident #6 said her ¸ appliance was a one-piece, meaning the and bag were connected. and caregiver A was the staff who most often changed it. On at 11:19 am, caregiver A said she assisted the resident with her ¸ by cutting the to size because the resident could not do that part. The caregiver confirmed the appliance was a one-piece. The caregiver said the resident was independent otherwise. The caregiver said the resident cleaned the site with either soap and water or wipes. If remained, the caregiver cleaned the area with soap and water or wipes. On at 2:51 pm, caregiver B said she assisted the resident with her ¸ by cutting the to fit the because it was hard for the resident to maneuver the scissors around. The caregiver said she also made sure the resident thoroughly cleaned around the	A 078		

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A 078	Continued From page 31 Review of both caregiver's A and B personnel record revealed they were both unlicensed caregivers and therefore not qualified to cut the , appliance to fit the . 2. Review of caregiver A's personnel record revealed a hire date of . The record did not contain a written statement from a health care provider documenting the caregiver did not have any signs or symptoms of communicable . On at 3:45 pm, the administrator confirmed the findings and was unable to provide additional documentation. On at 2:00 pm, during unlicensed caregiver A's interview she was asked if any residents receive administration. The unlicensed caregiver stated yes, residents #3, # 9, 10, 11, 12, and #13 receive . administration and we assist them. We assist by setting the pins to the proper unit, but they can inject it themselves. The unlicensed caregiver stated, no I'm not a nurse. I'm a med tech. On at 2:35 pm, during unlicensed caregiver B's interview she was asked if any residents receive administration. The unlicensed caregiver stated, yes residents #3, # 9, 10, 11, 12, and #13 receive administration and we assist them. We dial it for them, put the needle on and off. Resident #12 does everything himself. He dials it, puts the needle on and takes it off. 3. On at 9:32 am, resident #12 stated, "I do it myself. I check my sugar and then I tell	A 078		

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A 078	Continued From page 32	A 078		

them. They do it or I do it sometimes, but I can do it too." Review of resident #12's 1823 health assessment dated indicated needs assistance with self-administration of medications.

4. On at 9:33 am, several attempts were made to interview resident #13 who was observed sitting on the sofa asleep. Review of resident #13's 1823 health assessment dated indicated needs assistance with self-administration of medications.

5. On at 9:34 am, resident #3 stated, I can put the needle on and take it off, but unlicensed caregiver A dials it for me. Review of resident #3's 1823 health assessment dated at 2:00 pm, during unlicensed caregiver

6. On at 9:36 am, resident #11 stated, "the nurse puts the needle on. Unlicensed caregiver A did it this morning or maybe the other nurse. They do it for me. I can't see that good, but I can inject it myself." Review of resident #11's 1823 health assessment dated indicated poor vision and needs assistance with self-administration of medications.

7. On at 9:38 am, resident #9 stated, I think it comes with the needle already on it. Unlicensed caregiver B does it or one of the other nurses. They do everything for me because I have one arm." Review of resident #9's 1823 health assessment dated form indicated needs assistance with self-administration of medications.

8. On at 9:41 am resident #10 stated when asked if the staff does his , "they do

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A 078	Continued From page 33 their work. I believe it's pre-dialed. I inject it myself and they take it off (referring to the needle)." Review of resident #10's 1823 health assessment dated form indicated needs assistance with self-administration of medications. The administrator was made aware of the unlicensed staff participation during administration, cutting the appliance, and the signed informed consent to assistance with medication by unlicensed personnel. On at 3:30 pm, the administrator stated, did something change (referring to the regulations)? I thought they could always assist with administration. I guess that's my fault because I told them they could assist the residents. No, we do not have nurses here. I'll have to get the doctor to come. Review of each residents' informed consent to assistance with self-administration medication stated that trained unlicensed staff could help a person to self-administer their medications by performing such tasks as bringing the residents medication to the resident. "Assistance with self-administration" does not include medication dosages; putting medications in a resident's ; preparing, administering injections, conducting irrigations or using debriding agents for treating skin conditions or performing any medication task which requires judgement or discretion. On at 3:45 pm, the administrator confirmed the findings and was unable to provide additional documentation. (photographic evidence obtained)	A 078		

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A 078	Continued From page 34 Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice	A 081		

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A 081	Continued From page 35 training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of	A 081		

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A 081	Continued From page 36 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty	A 081		

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A 081	Continued From page 37 (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure 2 of 3 sampled staff (A & B) attended a preservice orientation of at least 2 hours in duration that covered, at a minimum, resident's rights and the facility's license type and services offered by the facility and failed to ensure the same staff received a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. Findings: 1. Review of caregiver A's personnel record revealed a hire date of . The 2-hour preservice orientation did not address the facility's license type and services offered by the facility. In addition, a 1-hour control training did not address the facility's sanitation procedures using the facility's control policies and procedures. On at 3:45 pm, the administrator confirmed the finding for caregiver A and was	A 081		

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A 081	Continued From page 38 unable to provide additional documentation. 2. On at 3:20 pm, the administrator said caregiver B was rehired on . Review of caregiver B's personnel record revealed there was no documentation to indicate she received a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. On at 3:50 pm, the administrator confirmed the finding for caregiver B and was unable to provide additional documentation. Class III	A 081		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom	A 161		

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A 161	Continued From page 39 from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure the record for 1 of 3 sampled staff contained a copy of the employment application, with references	A 161		

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A 161	Continued From page 40 furnished, and a copy of the job description given to the same staff member (B.) Findings: On at 3:20 pm, the administrator said caregiver B was rehired on . Review of the caregiver's personnel record revealed it did not contain a copy of the employment application, with references furnished, and a copy of the job description given to the caregiver. On at 3:50 pm, the administrator confirmed the finding and was unable to provide additional documentation. Class III	A 161		