

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968987	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2025
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PREMIER ASSISTED LIVING FACILITY, LLC

**319 ELDRIDGE AVE
ORANGE PARK, FL. 32073**

(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
ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with 's or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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ZZ875	Continued From page 1 employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, and skills in working with families and caregivers. (d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues. (e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with _____'s or related forms of _____, in addition to the training specified in paragraphs (a) and (b), employees must receive the following training: 1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d). 2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of _____-specific training. Such training must include, but is not limited to, understanding _____ and related forms of _____, the stages of _____'s _____, communication strategies, medical information,	ZZ875			

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning. For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning . chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875			

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, _____, or referred to provide services before _____, must complete the training required in this section before _____. Proof of completion of equivalent training completed before _____ shall substitute for the training required in subsection (4). Each person employed, _____, or referred to provide services on or after _____, may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure training in _____ and related forms of _____ (ADRD) was provided to 2 of 3 sampled employees (the Administrator and Employee B). The findings include: Review of the employee record for the Administrator's revealed her date of hire was _____. There was no evidence in her record that indicated she had received the required and ADRD trainings. Review of the employee record for Employee B,	ZZ875		

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ZZ875	Continued From page 4 Medication Technician, revealed her date of hire was . There was no evidence in her record that indicated she had received the required ADRD training within the first 30 days of hire. During an interview with the Administrator on at 6:50 pm, she indicated that she did not know the trainings were required. She confirmed that none of the staff had received the required ADRD trainings. Class III	ZZ875			
A 000	Initial Comments A relicensure survey was conducted at Premier Assisted Living Facility on . The facility had deficiencies at the time of the survey.	A 000			
A 030	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able	A 030			

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A 030	Continued From page 5 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 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	A 030			

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A 030	Continued From page 6 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 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	A 030			

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A 030	Continued From page 7 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 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,	A 030			

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A 030	Continued From page 8 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 ill, 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. (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without harassment, 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, responsibilities, 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	A 030			

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A 030	Continued From page 9 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. 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	A 030			

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A 030	Continued From page 10 resident. This Statute or Rule is not met as evidenced by: Based on observations and staff interviews the facility failed to honor the right to dignity and privacy for 3 sampled residents (Residents #1, #4 and #15) and 12 unsampled residents. The findings include: During an observation of medication pass in the first floor medication at 11:28am, signs were observed posted with a list of residents who were deemed "heavy wetters." During the medication pass in the second floor medication room on at 2:20 pm, two signs were observed posted with a list of residents who were deemed "heavy wetters." (Photographic evidence obtained). Resident #17 came into the medication room to receive his injection. Another unsampled resident came into the medication room at the same time. The sign was visible during the time the residents were in the room. During an interview with Employee B, Medication Technician, on at 4:10 pm, she was asked about the signs in the medication rooms. She stated that the lists are posted to help the staff to quickly identify the residents who need assistance for care. She confirmed that residents came into the medication rooms to get their medications at scheduled times during the day. They try to have all the residents come to the medication rooms to get their medications. During an interview with the Administrator on	A 030			

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A 030	Continued From page 11 at 6:50 pm, she indicated she was unaware that the lists were posted in full view of all who entered the medication rooms. Class III	A 030			
A 052	429.256(); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her (d) Applying medications. (e) Returning the medication container to proper	A 052			

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A 052	Continued From page 12 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 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	A 052			

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A 052	Continued From page 13 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 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	A 052			

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A 052	Continued From page 14 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 observations, clinical record review and staff interview, the facility failed to ensure that medications were prepared in the presence of the resident for 5 of 6 sampled residents (Residents #5, #8, #12, #15, and #16) and failed to provide medications in a timely manner for 2 of 6 sampled residents (#5 and #17).	A 052			

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A 052	Continued From page 15 The findings include: On at 11:25 am, Employee E, Medication Technician (MT), was observed reviewing the electronic medication observation record (e-MOR) for Residents #8, #12 and #15. She proceeded to prepare the medications for the residents by placing the tablets/capsules in a medication cup with the residents' names on them, then placed the medication cups in a plastic tray (Photographic evidence obtained). The residents were not in the medication room while she prepared the medications. She then proceeded to take the plastic tray with the medication cups to each resident's room to assist with self-administration of their medications. Resident #5 was walking along the walkway outside her room when Employee E stopped her to her the medication cup. The residents self-administered their medications without asking what they were for. Employee E did not tell them what the medication were. Employee F, MT, was observed preparing medications for Residents #5 and #16. She placed the tablets/capsules in medication cups with the residents' names. She then placed the medication cups in a plastic tray (Photographic evidence obtained). The residents were not in the medication room while she prepared the medications. She then proceeded to take the plastic tray with the medication cups to each resident's room to assist the residents with self-administration of their medications. Employee F prepared Lispro 100/mL for Resident #17. Instructions were to inject 9 units three times a day with meals/food for at 12pm. The resident	A 052			

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A 052	Continued From page 16 self-administered the medication at 2:33 pm on . Review of Resident #5's e-MOR revealed the medication . 800mg tab was to be taken by three times a day, including at 12pm. The medication was provided to Resident #5 at 2:45pm on . During an interview with Employee F at 2:30 pm she was asked what she should do if she is passing medication late. She stated that she should call the physician to make sure it is okay to do so. She did not call the physician prior to assisting Residents #5 and #17. On at 6:45 pm, the Administrator confirmed that medication should be prepared in the presence of the resident. She stated that the staff do not roll the medication carts down the walkways to the residents' rooms. They usually have the resident come to the medication room. Class III	A 052			
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:	A 056			

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A 056	Continued From page 17 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a	A 056			

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A 056	Continued From page 18 written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, and record review, the facility failed to ensure prescribed medication was available for 1 of 6 sampled residents (Resident #12) and failed to maintain documentation for changes to medications for 2	A 056			

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A 056	Continued From page 19 of 6 sampled residents (Residents #15 and #5). The findings include: 1. During the medication pass on _____ at 11:25 am, Employee E, Medication Technician (MT), opened the electronic medication observation record (e-MOR) for Resident #12. The screen showed _____ tab 10 milligrams (mg) was to be given at 12:00 pm. The medication was to be taken by _____ every six hours for non-acute _____. During an interview Employee E at 11:28 am on _____, she stated that the medication for Resident #12 was not on site. She did not know why the pharmacy does not send it but they have called it in several times. As far as she knew, there was no order by the physician to discontinue the medication. She explained the way staff documented the missed doses was to code it as "out of facility." The MT reviewed the history on the e-MOR for this medication, scrolling up for several days, and stated "It's been a while since we've given it." Review of Resident #12's records revealed a verbal order dated _____ that read: Start _____ 10 mg. Another order dated _____ read: _____ 10mg oral every 6 hours as needed for _____ on scale _____. Photographic evidence obtained. The Administrator confirmed no order to discontinue the medication was in the record on _____ at 6:45pm. She indicated she was unaware that the medication was not being provided to the resident.	A 056			

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A 056	Continued From page 20 2. During the medication pass on _____ at 11:51 am, Employee E prepared the medication for Resident #15 labeled _____ / _____ 25-100 mg, which had instructions to take 1 tablet by _____ three times daily with meals. There was no alert sticker observed on the package to indicate an order change. The e-MOR's entry for _____ / _____ was for 10-100 mg. (Photographic evidence obtained). During an interview with Employee E on _____ at 11:53 am, she confirmed that the label and the e-MOR do not match for Resident #15's _____. She stated it was because the pharmacy has not changed it. She was not sure if the medication in the vial was 25-100mg or 10-100mg per tablet. The Administrator sent Resident #15's orders via email on _____. The order starting _____ for _____ / _____ was for 10-100 mg, not 25-100mg. 3. During the medication pass on _____ at 2:39 pm, Employee F, MT, was observed preparing medication for Resident #5. The e-MOR read: _____ / _____ 10-325 mg tab. Take 1 tablet by _____ every 8 hours "Do not exceed 3 gm _____ in 24 hours". The label showed they were ordered and dispensed on _____. (Photographic evidence obtained.) Review of Resident #5's records revealed the order read _____ / _____ 10-325 mg tab. Take 1 tablet by _____ every 6 hours "Do not exceed 3 gm _____ in 24 hours" The orders were dated _____. There were no orders located in the record from when the order changed from every 6 hours to every 8 hours.	A 056			

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A 056	Continued From page 21 Class III	A 056		
A 075	429.255() FS Use of Personnel; Emergency Care () (3)(a) An assisted living facility licensed under this part with 17 or more beds shall have on the premises at all times a functioning automated external defibrillator as defined in s. 768.1325(2) (b). (b) The facility is encouraged to register the location of each automated external defibrillator with a local emergency medical services medical director. (c) The provisions of ss. 768.13 and 768.1325 apply to automated external defibrillators within the facility. (4) Facility staff may withhold or withdraw or the use of an automated external defibrillator if presented with an order not to executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Facility staff and facilities may not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing or use of an automated external defibrillator pursuant to such an order and rules adopted by the agency. The absence of an order not to executed pursuant to s. 401.45 does not preclude a physician from withholding or withdrawing or use of an automated external defibrillator as otherwise permitted by law. (5) The agency may adopt rules to implement the	A 075		

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A 075	Continued From page 22 provisions of this section relating to use of an automated external defibrillator. This Statute or Rule is not met as evidenced by: Based on observations and staff interview, the facility failed to ensure an automated external defibrillator () was available for the 63 residents of the facility in the event of a medical emergency. The findings include: A tour of the facility was conducted on at 10:00 am. An was not observed in the facility. During an interview with the Administrator on at 6:45 pm, she stated that the facility does not have an . She indicated that she did not know it was required. Class III	A 075			
A 081	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	A 081			

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A 081	Continued From page 23 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 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.	A 081		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PREMIER ASSISTED LIVING FACILITY, LLC

**319 ELDRIDGE AVE
ORANGE PARK, FL 32073**

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A 081	Continued From page 24 (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 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 . , .	A 081		

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A 081	Continued From page 25 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 (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 employee record review and staff interview, the facility failed to ensure that one of two sampled employees (Employee A) received a 2-hour pre-service orientation prior to having direct contact with the residents of the facility.	A 081			

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A 081	Continued From page 26 The findings include: Review of the employee record for Employee A, hired as a Medication Technician, revealed no evidence of the 2-hour pre-service orientation training. During an interview with the Administrator on at 6:45 pm, she stated that she thought Employee A had received the training. She looked through Employee A's file but did not produce any evidence the completed training. Class III	A 081			
A 092	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and	A 092			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968987	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/09/2025	
NAME OF PROVIDER OR SUPPLIER PREMIER ASSISTED LIVING FACILITY, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 319 ELDRIDGE AVE ORANGE PARK, FL 32073		
(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 092	Continued From page 27 nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1) (a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interviews, and record reviews, the facility failed ensure food service for the resident population was conducted in a sanitary manner. The findings include: During the lunch meal service in the main dining room on _____ from 12:10 pm to 12:50 pm, Employee C and Employee D were observed wearing disposable gloves. Employee D was observed plating food in the kitchen. Employee C was observed in the dining room pouring drinks for the residents seated at tables in the dining room. At 12:18 pm on _____ Employee D came out of the dining room carrying a plate of food. She took it to an unsampled resident and set it down. She then went to another unsampled resident and touched the resident on her arm with her disposable glove. She then returned to the kitchen, doffed her gloves and donned new gloves without washing her _____. She then	A 092		

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A 092	Continued From page 28 continued to plate and deliver food to residents in the dining room. At 12:20 pm on _____ Employee C was observed touching the handles of an unsampled resident's wheelchair with her disposable gloves. She went to the kitchen and took a plate of food from Employee D and delivered it to an unsampled resident in the dining room. She put her _____ on the table after delivering the food. She then returned to the kitchen, opened the refrigerated salad prep table, took out a container of salad, took the lid off and set the container down. She then went across the kitchen to get a cutting board, took out a jar of peanut butter and a jar of jelly, and proceeded to prepare a sandwich, spreading the ingredients on two slices of bread with a spreader, without changing gloves or washing her _____. She then took a clean plate and plated the sandwich. She touched the middle of the plate with her contaminated gloves. She then took a bag of potato chips, opened the bag, took out a handful of chips with the same contaminated gloves and served the sandwich and chips to an unsampled resident in the dining room. At 12:22 pm on _____ Employee D was observed spooning pudding into dessert cups. She had not changed gloves or washed her _____ prior to starting this new task. At 12:45 pm on _____ Employee C was observed scooping ice into a personal insulated drinking cup for Resident #19. She touched the ice with her contaminated gloved _____. She had not changed gloves during the lunch meal service. Resident #19 confirmed that the cup was his and he had asked Employee to fill it with ice.	A 092		

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A 092	Continued From page 29 Review of the employee records for Employee C revealed training certificates for Hygiene dated _____ and Universal Precautions and Hygiene dated _____. Review of the employee records for Employee D revealed training for Nutrition, Food Service & Safe Food Handling dated _____. On _____ at 6:50pm the Administrator stated that the staff have received training on sanitary food service practices and they should be changing their gloves if they were contaminated, and washing their in-between. They should not touch ice or bread with their gloves if they were contaminated. Class III	A 092			