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
	AL11968400	A. BUILDING: _____ B. WING _____	05/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN JUDAS HOME CARE III CORP	251 NW 108TH STREET MIAMI, FL 33168

(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 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

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A 078	Continued From page 1 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 observation and review of records, the facility failed to have documentation of negative examinations for 3 out of 5 staff. Staff C, D, E did not have current documentation for a negative examination. Findings include: Observations on at 11:00 am showed that Staff C, D, and E (caretakers) were preparing meals and having direct contact with residents. A review of records showed that Staff C, D, and E last physical examination was dated	A 078		

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A 078	Continued From page 2 for Staff C, for Staff D, and for Staff E (Photographic evidence obtained).	A 078		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use.	A 152		

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A 152	Continued From page 3 (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observations and interviews the facility failed to keep its premises free of hazards. The assisted living facility (ALF) was kept in an unsafe condition. Findings Include: Observation on at 8:02 am in the small bathroom in the hallway there were no handrails in the shower. Also, there was paint chipping off the wall by the sink. Observation on at 8:16 am outside in the rear of facility there were construction materials(shelving), painting tools, paint cans, a toilet in its box, and a mattress standing up against the wall. Observation on at 8:17 am showed Resident # 4 was outside in the rear smoking near the aforementioned items. Observation at 8:18 am a storage shed outside in the rear of the facility was unlocked and contained two 5-gallon paint buckets. Interview on at 8:47 am Staff B (alternative administrator) acknowledged chipping paint and other hazards. She stated she was in the process of "fixing the house." Observation: at 11:00 am a	A 152		

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A 152	Continued From page 4 handyman came to the facility and install handrails and perform other work. Staff B (alternative administrator) was seen removing the shelving on the outside yard. Class III	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.	A 162		

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A 162	Continued From page 5 (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A ⌄ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their ⌄ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ⌄ not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for Optional State	A 162		

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A 162	Continued From page 6 Supplementation ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services	A 162		

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A 162	Continued From page 7 license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to document when a resident walked away from the facility. one out seven (Resident #2) sampled residents left the facility and was found the same day. Findings included: On at 8:45 AM when asked if any resident had away from the facility, Staff C stated, "While I was in the bathroom with resident #4 and noticed that Resident #2 was not in her room. I looked for her inside the facility, check the bathrooms. Looking for her outside was working by myself. This was in the morning she had already taken her medications. We called the police and the family. She was found hours later. The Administrator drove around and found her a couple of blocks away. The Alternate Administrator bought her here. I gave her a bath and that was the end of it. Police came on the premises and the Alternate Administrator spoke to the police. I personally did not document it. Now we are always here with her. Someone is always with her. More staff were hired. They are allowed outside with supervision." On at 10:38 PM The Alternate Administrator stated, "She walked away. There was no need to take her to the hospital. It happened around 11:26 AM. That day the gate was opened, it was unlocked, and she decided to go out of the gate. She was talking to the neighbor. We called the police. Now she cannot go out because her vision has deteriorated so much and so fast. She is not left by herself, she	A 162		

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A 162	Continued From page 8 has to be watched, no I did not document it." Record review of resident #2 file had no documentation of incident where she walked away from the facility. Class III	A 162		
A 000	Initial Comments A Standard Survey with limited mental health component and a generator monitoring was conducted at San Judas home Care III on . Deficiencies were identified at time of the survey.	A 000		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of . (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or , . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield.	A 036		

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A 036	Continued From page 9 (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to reduce the risk of the transmission of for three out of five (Resident #2. #3 and #5) sampled residents. Findings included: On at 5:36 PM Staff C was observed as she assisted with medications for Resident #3 and punched the medication tablet directly into her gloved . Staff C sated to Resident #3 "you ready" then handed them to resident to swallow. On at 5:42 PM Staff C assisted with medications for Resident #2 and punched the medication tablet directly into her gloved . Staff C stated to resident "here are your medications" then placed them in a cup and handed them to Resident #2. On at 5:46 PM Staff C assisted with medications for Resident #5 and punched the medication tablet directly into her gloved . Staff C stated to resident "here you go" and then placed it in a cup and handed it to Resident #5. On at 6:15 PM the Alternate Administrator acknowledged that Staff C had touched the resident tablets with gloved .	A 036		

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A 036	Continued From page 10 Class III	A 036		
A 052 SS=F	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 storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section.	A 052		

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A 052	Continued From page 11 (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 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	A 052		

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A 052	Continued From page 12 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 facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a	A 052		

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A 052	Continued From page 13 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 review and interview, the facility failed to follow the state's correct procedures when assisting with the self-administration of medication for three out of seven (Resident #2, 3, and 5) sampled residents. Findings included: On at 4:45 PM entered the facility and observed cups stacked with medication tablets inside. On reviewing the medication record it was	A 052		

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	AL11968400	A. BUILDING: _____ B. WING _____	05/09/2025

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SAN JUDAS HOME CARE III CORP	251 NW 108TH STREET MIAMI, FL 33168

(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 14 observed that the 6 PM medication for and 6AM medications for were poured into cups for residents #1 to 6 with resident's names on them. Medication reconciliation completed at 4:50 PM revealed the following medications found in the cups were not in the medication cards and bottles for the 6PM and 6AM. Resident #2 medications 25 mg AM, , 1 mg AM & PM, , 500 mg AM & PM, 1 mg AM, , 10 mg AM, , 0.5 mg AM & PM, 10mg PM, 20 mg AM, , 25 mg AM, 250 mg AM & PM, Tradjenta 5 mg AM, 60 mg AM & PM, , 5mg AM, 5mg PM, , 40 mg AM, .5 mg AM, , 90 mg AM Resident #3 medications , 325mg, AM & PM, 20 mg PM, solution 0.5% PM, / D3 600 mg 4000 IU AM, , Solution 0.002T% PM, 50 mcg AM, , 5 mg AM, 50 mg PM Resident #4 medications 40 mg tab AM, Pot 25 mg AM, , ER 90 mg AM, 50 mg PM, 5 mg PM- , 5mg AM, 5 mg AM, 0.4 mg PM, Rosuvastatin 20 mg AM, , 75 mg AM, , 15 mg PM, , 100 mg cap PM Resident #5 medications , 81 mg AM, Sod 100 mg AM & PM, 1 mg, 40 mg, , 20 mg tab Am,	A 052		

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A 052	Continued From page 15 Megestrol 40 mg AM & PM, , Tart 50 mg AM & PM, Multi tabs AM, , 0.5 mg PM, Rosuvastatin 5 mg PM, 100 mg AM, , 50 mg AM, 1000 mcg PM, C 500 mg AM & PM, D3 1000 unit AM Resident #6 medications , 10 mg AM, , 81 mg AM, 20 mg PM, , 5 mg AM , 1 mg AM , , 75mg AM, Sod 100 mg AM & PM, , 600 mg AM & PM, 10gm AM, , 20 mg AM, Lurasidone 80 mg PM, Hipp 1 gm AM & PM, , SOD DR 40 mg 6AM, D2 1.25 mg 6AM. On at 5:36 PM Staff C was observed as she assisted with medications for Resident #3 and punched the medication tablet directly into her gloved . Staff C sated to Resident #3 "you ready" then handed them to resident to swallow. On at 5:42 PM Staff C assisted with medications for Resident #2 and punched the medication tablet directly into her gloved . Staff C stated to the resident "here are your medications" then placed them in a cup and handed them to Resident #2. On at 5:46 PM Staff C assisted with medications for Resident #5 and punched the medication tablet directly into her gloved . Staff C stated to resident "here you go" and then placed it in a cup and handed it to Resident #5. Staff C did not review the medication sheets, did not identify the resident by name, and did not orally advise Residents #2, 3, and 5 what	A 052		

Agency for Health Care Administration

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A 052	Continued From page 16 medication he was taking. A review of Resident #2, 3, and 5's record showed no documentation of a written waiver that the resident opted out of being informed of the medication names and dosages. On at 6:15 PM the Alternate Administrator acknowledged the error made by Staff C and that she would have all her staff retrained. Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of	A 054		

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A 054	Continued From page 17 each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observations, record review and interview, the facility failed to maintain a daily medication observation record for each resident who receives assistance with self-administration of medications for five out of seven (Resident's #2, 3, 4, 5 and 6) sampled residents. Findings included: Review of the medication sheets at arrival at 7:00 AM revealed Resident's #2 to 6's medications had been given at 6 AM and in addition the medication sheets were not initialed as given. On at 4:50 PM a review of the medication sheet for Resident #2 to 6 revealed the medications for 6 PM medication and 6 AM medications for were initialed as given. The medication was observed pre-poured in cup on the dining table. Review of facility records showed a one-page medication sheet with four medications listed (0.4 mg, Rosuvastatin 20 mg, , 15 mg, & . 100 mg) for Resident's #4. Record review found no documentation of the following medications listed which were given to	A 054		

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A 054	Continued From page 18 Resident #4 daily: , 40 mg tab AM, Pot 25 mg AM, , ER 90 mg AM, 50 mg PM, 5 mg PM, , 5 mg AM, .5 mg AM, . . , ⌣ 75 mg AM which Resident #4 On at 5:05 PM Staff C confirmed she had initialed the medication sheets prior to giving the residents their medication. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;	A 055		

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A 055	Continued From page 19 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued	A 055		

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A 055	Continued From page 20 medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review, the facility failed to centrally store medications. Medications were not properly stored and disposed of medications for two of seven residents (resident #1, and 7) Findings Include: Observation on 8:19 am showed that prescription medications were kept unlocked in the refrigerator. On the top shelf of the door was an unlocked medication box and , , for Resident #1. The prescription medications were 100 Units and Tears Ophth Soln 15ml. On the second shelf of the door	A 055		

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A 055	Continued From page 21 was a prescription medication , Sulf 100 mg for Resident #7. On the third shelf of the door was another prescription medication 100 Units for Resident #1. Interview on 8:03 am with Staff C stated, Resident #1, has been in the hospital since last night. A review of records the facility admission log showed that Resident #7 was discharged and reported as on . Interview on 8:45 am with Staff B (alternative administrator) she acknowledges improper storage of medications in the refrigerator. Observation 8:50 am Staff B (alternative administrator) was in the kitchen looking through the medications. She was upset with other staff and said that they "knew better." She was heard throwing away a box after she looked through the refrigerator. Class III	A 055		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253	A 079		

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A 079	Continued From page 22 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency	A 079		

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A 079	Continued From page 23 medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.	A 079		

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A 079	Continued From page 24 (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing	A 079		

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A 079	Continued From page 25 requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain a minimum of 212 hours per week for a census of six residents. Findings included: On at 7:50 AM observed staff schedule posted with no hours listed. In an interview with Staff C stated, "I work from 5 PM to 5 AM, but I am always here." Staff D stated, "I work 7 AM until 3:30 PM". Staff D stated, "I work from 6 PM to 10 PM." On at 6:20 PM the Alternate Administrator confirmed that the staff schedule had no hours listed. Class III	A 079		