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
	AL11970179	A. BUILDING: _____ B. WING _____	06/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENESIS ALF 2 LCC	290 W 48 ST HIALEAH, FL 33012

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A 000	Initial Comments A re-licensure survey was conducted at Genesis ALF 2 LLC on . Deficiencies were identified at the time of the survey .	A 000		
A 052 SS=I	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	A 052		

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A 052	Continued From page 1	A 052		

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 discretion on the part of the unlicensed person.
(5) Assistance with the self-administration of

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A 052	Continued From page 2 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 facility staff, the following options are available to enable the resident to take medication as	A 052		

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A 052	Continued From page 3 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, interview and record review. The facility failed to assist residents with self-administration of medication for five out of five residents sampled. (Resident #1,2,3,4,5). Findings: Interviewed on at 06:04 AM, regarding if he had done medication pass for 6	A 052		

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A 052	Continued From page 4 am Staff B (Caregiver) stated he'd already done it. Staff B was asked regarding if he provided medication to 5 residents in less than 4 minutes, the staff stated "yes, I gave it to everyone, I am fast". Observation on at 06:09 AM, showed a small container on top of a small fridge Inside # , labeled [Resident #5] with pills inside. Observation on at 06:15 AM, showed four small containers containing prescribed medication, one on top of the other inside a cabinet in the kitchen, labeled for each resident. The pills were observed to be of different sizes, colors and shapes. Review of MOR (Medication Observation Record) showed medications were signed off for all 5 residents (Resident #1,2,3,4,5). Review of MOR for Resident #1, showed the following medicines being signed off for 7 AM medication pass: , Tab 325 Mg, Lac-12%-Cream OTC (Over the counter), , / , 25/250mg Tabs, Tab 3.125 mg, , Tab 75 mg, , Tab 2.5 mg (, Tab 2.5 Mg), , Tab 10mg, , Tab 25 mcg, , /Hctz ( )Tab .5, Lubricating Dro 0.5% Op, Tab 850 mg, , Tab 150 mg, Protective-Cream-Secura 10%, D3 Cap 50 mcg Review of MOR for Resident #5 showed the following medicines being signed off for 6 am medication pass: , 40 Mg Capsule, Levothy Roxine 150 Mcg, , 5 Mg Tablet, .5 Mg Tablet, , 5 Mg Tablet, 50 Mg, Fin Asteride 5 Mg Tablet,	A 052		

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A 052	Continued From page 5 , 100 Mg Tablet, Mcr ( )100 Mg Cap. Review of MOR for Resident #2 showed: Hfa Aer (Hydrofluoroalkane (HFA) Inhalation Aerosol) 17 mcg, , Tab 10mg, / D3 600 mg 00A Tab, , Tab 40 mg, , Tab 75 mg, Daily-Vite Tab, Ferosul Tab 325 mg, Tab 1 Mg, , Tab 50mg, Lubricating Dro 0.5% Op, , Tab 300 mg, Preparation Cre H. Review of MOR for Resident #2 showed the following medicine not Signed off for 7 Am: Not Signed Off , Tab 2 mg, Tab 70 mg. Review of MOR for Resident #4 showed being signed off for 5 AM medication pass: , 10 Mg Tab, 100 Mg Tablet, , 20 Mg, 50 Mg Tablet, Hci 5 Mg Tablet, Cl Er 10 Mrq Tablet, Toujeo 300 Units/Ml. Review of MOR for Resident #3 Showed being signed off for 7 AM medication pass: Tab 40 mg, , Tab 75 mg, , , Tab 10mg, Ferosul Tab 325 mg, Tab 10mg, Sol 10 gm/15, Pot Tab 10mg, Lubricating Dro 0.5% Op, Tab 850 mg, Refresh Reli Dro 0. .9%, , , Tab 10mg (For: ,), Tab-A-Vite Tab, , Tab 650 mg Er. Class II	A 052		
A 054 SS=E	59A-36.008(5) FAC Medication - Records	A 054		

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A 054	Continued From page 6 (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 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 observation, interview and record review. The facility failed to maintain accurate daily medication observation for five out of five sampled residents. (Resident #1,2,3,4,5). Findings:	A 054		

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A 054	Continued From page 7 Interview on at 06:04 AM, Staff B (Caregiver) stated he had completed medication pass for 6 am. The staff stated he'd already completed medication pass. Staff B was asked if he provided medication to 5 residents in less than 4 minutes, the staff stated "Yes, I gave it to everyone, I am fast". Observation on at 06:09 AM, showed a small cup container on top of a small fridge Inside # , labeled [Resident #5]. Observation on at 06:15 AM, showed four small containers, containing prescribed medication, one on top of the other inside a cabinet in the kitchen, labeled for each resident. The pills were observed to be of different sizes, colors and shapes. Review of MOR (Medication Observation Record) signed off for morning medications for all 5 residents: Review of MOR for Resident #1, showed the following medicines being signed off FOR 7 AM medication pass, , Tab 325 Mg, Lac-12%-Cream (Otc), Carbid/Levo 25/250mg Tabs, Tab 3.125mg, , Tab 75mg, , Tab 2.5mg (, Tab 2.5 Mg), , Tab 10mg, Levothyroxin Tab 25mcg, Lisinop/Hctz Tab .5, Lubricating Dro 0.5% Op, Tab 850mg, , Tab 150mg, Protective-Cream-Secura 10%, D3 Cap 50mcg Review of MOR for Resident #5, showed the following medicines being signed off for 6am medication pass, , 40 Mg Capsule,	A 054		

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A 054	Continued From page 8 Levothy Roxine 150 Mcg, , 5 Mg Tablet, .5 Mg Tablet, , 5 Mg Tablet, 50 Mg, Fin Asteride 5 Mg Tablet, , 100 Mg Tablet, Mcr 100 Mg Cap Review of MOR for Resident #2, showed Hfa Aer 17mcg, , Tab 10mg, /Vit D3 600mg 400iu Tab, , Tab 40mg, , Tab 75mg, Daily-Vite Tab, Ferosul Tab 325mg, Tab 1 Mg, , Tab 5mg, Lubricating Dro 0.5% Op, , Tab 300mg, Preparation Cre H. Not Signed Off For 7 Am, Not Signed Off , Tab 2mg, Tab 70mg Review of MOR for Resident #4, showed being signed off for 5 AM medication pass, , 10 Mg Tab, 100 Mg Tablet, , 20 Mg, 50 Mg Tablet, Hci 5 Mg Tablet, Cl Er 10 Mrq Tablet, Toujeo 300 Units/Ml. Review of MOR for Resident #3, Showed being signed off for 7 AM medication pass Tab 40mg, , Tab 75mg, , Tab 10mg, Ferosul Tab 325mg, Tab 1mg, Sol 10gm/15, Pot Tab 100mg, Lubricating Dro 0.5% Op, Tab 850mg, Refresh Reli Dro 0. .9%, , Tab 1mg (For: ,), Tab-A-Vite Tab, , Tab 650mg Er. Interviewed on at 08:30 AM, Resident #5 was interviewed regarding medication unlocked, the resident stated, "I take my pills in the containers if I am going where, and I take them, [Staff C] gave me the medicine this morning".	A 054		

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A 054	Continued From page 9 Review of employee files showed Staff B completing an initial 6.0 hours of Assisting Clients with Self-Administration of Medication, medication management on Review of employee file showed Staff B completing continuing education of 2.0 hours of Assisting Clients with Self-Administration of Medication, Medication Management on Class III	A 054		
A 055 SS=F	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 10 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 11 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 observation, interviews, and review of records, the facility failed to keep medications locked for five out of five sampled Residents (#1, 2, 3, 4 and 5). Findings included: During an Interview on at 6:01am, Staff B stated that the medication pass occurred before 6:00am. Review of the Medication Observation Record (MOR) shows that 7am medications were marked as administered.	A 055		

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A 055	Continued From page 12 Observation on at 6:02am showed that in # on Resident #5's nightstand there were two unlocked medication bottles that were only labeled as "AM and PM." The one marked as "AM" contained several pills of various sizes and verity. (Photographic evidence obtained) Observation on at 6:03am showed that in # , Resident # 1 also resides. Observation on at 6:14am showed that in the kitchen, on the top of the medication refrigerator, there was an empty cup labeled with Resident #5's name. (Photographic evidence obtained) Observation on at 6:15am in the kitchen drawer there were four unlocked cups labeled with Resident #1, 2, 3, and 4's name. In the cup were various pills of different sizes and verity. (photographic evidence obtained) During an interview on at 6:16am when asked what those medications were, Staff B stated that those were the residents' morning medications. Staff B recanted his earlier assertion that medications had been administered. Observation on at 6:19am in the unlocked staff room there was an unlocked dresser which had several drawers that contained medications. (photographic evidence obtained). unlocked Pack medication of 5 MG Tablet, that belonged to resident [Resident #6]. HFA 90 MCG and 20 MG, that belonged to [Resident #5]. , , Solution 8% and over the counter medication 200 MG, , 220 MG. , 500 MG, that	A 055		

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A 055	Continued From page 13 belonged to [Resident #4]. The room also had a plastic bag full of prescribed inhalers HFA AER 17 MCG, and , Inhalation Aerosol 160 mg. 4.5 MCG The inhalers belonged to [Resident #2]. Observation on at 6:26 am showed that several residents passed by the unlocked staff room where unlocked medications were kept. Review of Resident's assessment showed that Resident #1, 2, 3, 4, and 5 need assistance with medication administration. During an interview on at 8:33am Staff D (Owner) acknowledged that "this could be a big problem" and questioned if this could close the facility, when asked about the medications found in the kitchen and staff room. Class III	A 055		
A 056 SS=F	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: 1. The resident's name; and, 2. The identification of each medicinal drug in the	A 056		

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	AL11970179	A. BUILDING: _____ B. WING _____	06/20/2025

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A 056	Continued From page 14 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 written medication order from the health care provider within 10 working days. A faxed or	A 056		

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A 056	Continued From page 15 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, and interviews, the facility failed to properly store/dispose of unidentifiable prescriptions. The facility kept improperly labeled and unlabeled medications at the facility affecting five out of five sampled residents (#1, 2, 3, 4 and 5).	A 056		

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A 056	Continued From page 16 Finding Included: Observation on at 6:02am showed that in # on Resident #5's nightstand were two unlocked medication bottles that were only labeled as "AM and PM." The one marked as "AM" contained several pills of various sizes and verity. (Photographic evidence obtained) Observation on at 6:03am showed that in # , Resident # 1 also resided. Observation on at 6:15am in the kitchen drawer there were four unlocked cups labeled with Resident #1, 2, 3, and 4's name. In the cup were various pills of different sizes and verity. (photographic evidence obtained) Observation on at 6:19am in an unlocked staff room there was an unlocked dresser which had several drawers containing medications. (photographic evidence obtained). There was also a grocery bag containing unlabeled medications and inhalers. Observation on 6:25am in the grocery bag in the dresser there was a pill bottle labeled only " 500 mg Exp 032027." In the bottle there were two medications. The medications of the pill were identified as 500 mg by the markings "H 114" and ER by the markings "ING." (Photographic evidence obtained) During an interview on at 8:33am Staff D (Owner) acknowledged that "this could be a big problem" and questioned if this could close the facility, when asked about the medications found in the kitchen and staff room.	A 056		

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A 056	Continued From page 17 Class III	A 056		
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	A 078		

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A 078	Continued From page 18 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 ˇ 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, Interview, and record review, the facility failed to ensure that two out of four sampled staff had knowledge of ( )/First Aid and Emergency Plan consistent with their training. (Staff B and Staff C). Findings Included: 1)	A 078		

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A 078	Continued From page 19 During an interview on at 7:58am Staff B stated that the procedure for a person choking was to , them on the . Staff B could not say what other steps were required. According to the American Red Cross the proper procedure on how to render aid to a choking victim is "Position self to the side and slightly behind the choking person; Give 5 blows between the blades; If no improvement, have the person stand up straight and from behind the person, bend your slightly for balance and support; Give 5 thrusts, by pulling inward and upward each time; Continue giving 5 blows and 5 thrusts; Continue until the person can , cry or speak or becomes unresponsive; If the person becomes unresponsive, lower them to a firm, flat surface and begin (starting with ,)." 2) During an interview on at 9:31am when asked where the monoxide detectors were, Staff C kept pointing to the smoke detectors. Observation on at 9:35am showed Staff D (owner) pointed out to Staff C where the monoxide detectors were. Class III	A 078		
A 093 SS=F	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans,	A 093		

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A 093	Continued From page 20 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.	A 093		

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A 093	Continued From page 21 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the	A 093		

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A 093	Continued From page 22 purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and record review, the facility failed to serve food in accordance with the posted menu for breakfast affecting five out of five Residents (#1, 2, 3, 4, and 5). Findings included: Review of dietary menu dated from to showed that the breakfast items for included 4 oz of juice, cup of cereal or ½ cup of wet cereal, Bread (toast), 1 cube of margarine, 8 oz of milk. Review of alternative menu dated to showed that the breakfast alternatives were 1 egg (any style), 1 omelette with 1 oz of Ham and cheese, or 1 oz of sausage. Bread could be substituted for with several types of bread including bagels, biscuits, pancakes,	A 093		

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A 093	Continued From page 23 waffles, French toast or cereal (dry or wet). Observation on at 6:23 am showed that the items being served to residents were cereal, a sandwich with bread with ham and cheese, and milk with (flavor of coffee or chocolate). Observation on at 6:30 am showed residents having the prepared meal outside. Observation on at 8:14 am showed that Staff C was giving residents baked goods and juice . Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,	A 152		

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A 152	Continued From page 24 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a safe living environment and be maintained free of hazards for 4 out of 5 sampled residents, (Resident #2,#3,#4,#5) Findings: Observation on at 06:06 AM, showed # to have unlocked medication in one of the residents' drawers. The medication consisted of an unable medication container, labeled with a sharpie on the cap "5 AM Sabado" which translate to "Saturday" in Spanish. Observation on at 06:13 AM showed a shed with unlocked cleaning supplies. The cleaning supplies consisted of three tubs of laundry detergent, and seven tubs of laundry powder detergent.	A 152		

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A 152	Continued From page 25 Observation on at 06:21 AM revealed, in the staff room, a pill container with only the label of 500 MG, the pill container did not have any name on the label, and two unknown small peach color pills. Observation on at 06:29 AM, the efficiency apartment connected to the facility, where the door was unlocked and ajar, was observed to have unlocked cleaning supplies that consisted of sanitizer gel and Lysol spray. Observation on at 06:43 AM, two tubs of dishwasher detergent pods were observed in an unlocked and uncover kitchen counter cabinet. Observation on at 06:50 AM showed unlocked cleaning supplies under the kitchen sink. The cleaning supplies consisted of Fabuloso floor cleaner, Pinosol floor cleaner, Lysol spray, Raid Insect aerosol insect killer and four tubs of dish soap. Interviewed on at 08:33 AM,regarding unlocked cleaning supplies and medication pass, Staff D acknowledged the issues and stated, "this could be a big problem". Class III	A 152		