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
	AL11970161	A. BUILDING: _____ B. WING _____	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE MARY	410 CARING DR LAKE MARY, FL 32746

(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
ZZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	ZZ821		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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ZZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	ZZ821		

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ZZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	ZZ821		

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ZZ821	Continued From page 3	ZZ821		

to $50 per day late not to exceed $500.
(b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission.
(c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored.

This Statute or Rule is not met as evidenced by:
Based on review of the facility's documentation, resident record review and interview, the facility failed to electronically submit a one-day report and a 15 day (full report) adverse incident report (AIRS) to the agency for 3 of 4 sampled residents (#1, #2, #4) for reporting requiring an acuity higher level of care (hospital) for injuries sustained from a .

Findings:

1. A review of resident #1's record revealed admission date . The last 1823 Health Assessment dated listed medical history of , gait instability, and legally . She needed supervision with bathing and independent with all other activities of daily living (ADLs). She needed assistance with self-administration of medications.

A facility note dated at 4:43 AM by DON documented resident #1 pressed pendent to call for assistance as resident #1 was found on the floor. She verbalized she was reaching for an empty toilet paper roll off the floor and . She

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ZZ821	Continued From page 4	ZZ821		

complained about . . Emergency Medical Services ( ) called and taken to hospital for further evaluation. Family and physician made aware.

A facility note dated at 10:35 PM by Nurse C documented called the hospital for update. Resident #1 no longer in house at the hospital.

A facility note dated at 10:11 AM by Nurse B documented called the daughter. The daughter stated resident #1 was transferred to Hospice in patient unit last night ( ). A surgery was planned for yesterday, but her vitals dropped, and they were unable to stabilize vitals.

There was no facility note documenting when the DON was notified on , resident #1 , , ( ) at the Hospice in patient unit.

A review of the hospital record dated at 4:36 AM, resident #1 sustained a left , from the at the assisted living facility.

2. A review of resident #2's record revealed admission date . The last 1823 Health Assessment dated listed medical history of , , , , , , and hard of hearing. She had a risk special precautions. She needs supervision with ambulating, bathing, , toileting and transferring in activities of daily living (ADLs) and needs assistance with self-administration of medications.

A facility note dated at 5:51 PM by Nurse B documented was called to Resident #2's room by the caregiver staff. Upon arrival, Resident #2 was laying on left side on the floor,

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ZZ821	Continued From page 5	ZZ821		

near the kitchenette with her extended forward. Resident #2 observed with socks on . A large amount of noted beneath Resident #2's . Resident #2 was alert and responsive to verbal ques. She complained of left , , and left should , . Called 911 and Resident #2 transferred to hospital. Resident #2 was being belligerent toward this nurse B with yelling to hang up the phone.

A facility note dated at 8:20 PM by Nurse G documented Resident #2 returned from the hospital with four stitches to the left frontal region. Resident #2 noted in her chair eating Chick fila with her daughter. No complaints voiced at this time. Plan of care continues. Vitals: Temp 97.2; ; .

3. A review of resident #4's record revealed admission date . The last 1823 Health Assessment dated listed medical history of 's , , , , , abnormal gait, type 2 , , history of and . It documented he's a risk special precaution. He needs assistance with ,, supervision with bathing and was independent with the other activities of daily living (ADLs). He needs assistance with self-administration of medications.

A facility note dated (same day as survey visit) at 10:19 AM by DON documented a care staff went to check on resident #4 during rounds. Found him on the floor, fully dressed and wearing shoes. Resident #4 stated that he lost his balance and . He complained of , and was not using his walker as he had it holding the door

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ZZ821	Continued From page 6 open. 911 was called for resident #4 and he was transported to the emergency room for further evaluation. Location: Resident's room. Day & Time: at 11:15 AM. A review of the hospital record dated at 11:49 AM, resident #4 sustained a right from a at the assisted living facility. On at 8:30 AM, an interview with the Administrator and Director of Nursing (DON) confirmed the findings and further stated they could not submit the Adverse Incident Reports (AIRS) to the agency because they did not have a license from - . On at 5:57 PM, an exit interview with the Administrator, Assistant Administrator Director of Nursing (DON), and the Business Office Manager (BOM) confirmed the findings. (Photographic Evidence Obtained) Unclassified	ZZ821		
A 000	Initial Comments A Complaint Investigation #2025009475 and generator monitoring was conducted at Lake Mary Assisted Living Facility & Memory Care with Limited Nursing Services (LNS) on , 7//1/2025, & . The facility had deficiencies at the time of the survey visit.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living	A 004		

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A 004	Continued From page 7 facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter.	A 004		

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A 004	Continued From page 8 (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on facility's documentation and interview, the facility failed to obtain a license and was pending approval from the Agency for Healthcare Administration (AHCA) Central Office for the new license #14005 dated . The previous license #13795 that expired on and admitted four (4) residents (#4, #6, #7, #8) into the assisted living facility while in pending status. Findings: A review of the admission discharge log documenting the following: 1. Resident #4 admission date on into the assisted living facility. 2. Resident #6 admission date on into the assisted living facility. 3. Resident #7 admission date on into the assisted living facility. 4. Resident #8 admission date on into the assisted living facility.	A 004		

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A 004	Continued From page 9 A review of the new license #14005 dated - . The old license #13795 expired on and a re-licensure survey was conducted on for license #13795. There was a gap between - (almost 2 months) the facility was pending new license# 14005 and admitted four (4) residents into the facility during the pending timeframe. On at 5:47 PM, an interview with the Administrator confirmed the findings. She further stated she was on why a new license #14005 was issued and that the facility's Corporate Office submitted all correspondence regarding to licensure to AHCA. (Photographic Evidence Obtained) Class III	A 004		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the	A 025		

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A 025	Continued From page 10 condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.	A 025		

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A 025	Continued From page 11	A 025		

This Statute or Rule is not met as evidenced by: Based on facility's documentation, resident record review and interview {1} the facility failed to provide adequate supervision with appropriate care and services (interventions) to meet the needs to prevent with injury for 3 of 4 sampled residents (#1, #2, #4) as required; and {2} the facility failed to maintain written documentation for updates and/or service plan for 4 of 4 sampled residents (#1, #2, #3, #4) as required for all risk residents.

Findings:

1. A review of resident #1's record revealed an admission date of . The last 1823 Health Assessment was dated listed medical history of , , , , gait instability, and legally . She needed supervision with bathing and independent with all other activities of daily living (ADLs). She needed assistance with self-administration of medications.

A facility note (duplicated) dated at 9:44 AM by the Director of Nursing (DON) documented Resident #1 pressed pendent to call for assistance and resident #1 found on the floor. She verbalized she was reaching for an empty toilet paper roll off the floor and . She complained of left . Resident #1 was not moved. 911 called and Emergency Medical Services ( ) transported her to the emergency room for an evaluation. Family made aware. Physician made aware. Location: Resident #1's bathroom. Time: at 4 AM.

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A 025	Continued From page 12 An interview with the DON on at 11:45 AM, stated that resident #1 only one time on not on . The system must have made a duplicate note. It was explained that each date had different information documented under each date. A facility note dated at 4:43 AM by DON documented resident #1 pressed pendent to call for assistance as resident #1 was found on the floor. She verbalized she was reaching for an empty toilet paper roll off the floor and . She complained about , , . Emergency Medical Services ( ) called and taken to hospital for further evaluation. Family and physician made aware. A facility note dated at 10:35 PM by Nurse C documented called the hospital for update. Resident #1 no longer in house at the hospital. A facility note dated at 10:11 AM by Nurse B documented called the daughter. The daughter stated resident #1 was transferred to Hospice in patient unit last night ( ). A surgery was planned for yesterday, but her vitals dropped, and they were unable to stabilize vitals. There was no facility note documenting when the DON was notified on , resident #1 , , ( ) at the Hospice in patient unit. A review of the hospital record dated at 4:36 AM, resident #1 sustained a left , from the at the assisted living facility. A review of the facility's service plan updated on by the DON. It documented a risk	A 025		

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A 025	Continued From page 13 intervention required 2 x daily checks on 1st shift (7am) and 2nd shift (3pm). There was no documented evidence that a daily check was conducted 2 x daily as required. 2. A review of resident #2's record revealed an admission date of . The last 1823 Health Assessment dated listed medical history of , , and hard of hearing. She had a risk special precautions. She needs supervision with ambulating, bathing, , toileting and transferring in activities of daily living (ADLs) and needs assistance with self-administration of medications. A facility note dated at 5:51 PM by Nurse B documented was called to Resident #2's room by the caregiver. Upon arrival, Resident #2 was laying on left side on the floor, near the kitchenette with her extended forward. Resident #2 observed with socks on . A large amount of noted beneath Resident #2's . Resident #2 was alert and responsive to verbal ques. She complained of left , and left , . Called 911 and Resident #2 transferred to hospital. Resident #2 was being belligerent toward this nurse B with yelling to hang up the phone. A facility note dated at 8:20 PM by Nurse G documented Resident #2 returned from the hospital with four stitches to the left frontal region. Resident #2 noted in her chair eating Chick fila with her daughter. No complaints voiced at this time. Plan of care continues. Vitals: Temp 97.2; ; . There was documentation of post monitoring	A 025		

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A 025	Continued From page 14	A 025		

for next 3 days in facility notes.

A review of the facility's service plan updated (same day as survey visit) by the DON. It documented that a risk intervention as needed only at 0x daily. There was no other documentation that confirmed that the facility was monitoring for after the 1823 Health Assessment identified resident #2 as a risk.

3. A review of resident #3's record revealed admission date . The last 1823 Health Assessment dated listed medical history of , , , , , , , , , , , , frequent , , , Hyponatremia and uses a walker for unstable gait. She's independent in all activities of daily living (ADLs) and needs assistance with self-administration of medications.

Resident #3 has had no while residing in the facility thus far.

A review of the facility's service plan updated by the DON. It documented that a risk intervention as needed only at 0 x daily. There was no other documentation that confirmed that the facility was monitoring after the 1823 Health Assessment identified resident #3 as a risk.

4. A review of resident #4's record revealed admission date . The last 1823 Health Assessment dated listed medical history of 's , , ,

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A 025	Continued From page 15 , abnormal gait, type 2 , , history of and . It documented he's a risk special precaution. He needs assistance with , supervision with bathing and was independent with the other activities of daily living (ADLs). He needs assistance with self-administration of medications. A facility note dated (same day as survey visit) at 10:19 AM by DON documented a care staff went to check on resident #4 during rounds. Found him on the floor, fully dressed and wearing shoes. Resident #4 stated that he lost his balance and . He complained of , and was not using his walker as he had it holding the door open. 911 was called for resident #4 and he was transported to the emergency room for further evaluation. Location: Resident's room. Day & Time: at 11:15 AM. There was no facility documentation of when resident #4 on . A review of the hospital record dated at 11:49 AM, resident #4 sustained a right from a at the assisted living facility. A review of the facility's service plan updated by the DON. There was no intervention service plan prepared at all. There was no other documentation that confirmed that the facility was monitoring after the 1823 Health Assessment identified resident #4 as a risk. On at 5:47 PM, an interview with the Administrator and DON confirmed the findings. (Photographic Evidence Obtained)	A 025		

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A 025	Continued From page 16 Class II	A 025		
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 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	A 079		

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A 079	Continued From page 17 facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 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	A 079		

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A 079	Continued From page 18 aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if 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	A 079		

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A 079	Continued From page 19 safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the 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 review of the facility's documentation and interview, the facility failed to maintain an accurate staff work schedule to reflect the daily work schedule of direct care staff to meet the needs of the residents. Findings: A review of the daily work schedule dated	A 079		

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A 079	Continued From page 20 , 3rd shift (11pm-7am-overnight) documented working: 1. Housekeeper H in Assisted Living 2. Caregiver E in Memory Care 3. Caregiver M in Memory Care 4. Med Tech I in Assisted Living 5. Caregiver N in Assisted Living A review of the weekly work schedule dated - , 3rd shift (11pm-7am overnight) documented working: 1. Housekeeper H was not on schedule to work on 2. Caregiver E work 11pm-7am (matched to above daily work schedule) 3. Caregiver M work 11pm-7am (matched to above daily work schedule) 4. Med Tech, I work 11pm-7am (matched to above daily work schedule) 5. Caregiver N was not on the schedule to work There was no nurses schedule provided after requested twice on at 8:55 AM & 11:15 AM from the Director of Nursing (DON) to see if a nurse worked the overnight 3rd shift on for a incident (resident #1) that resulted in the resident being sent out to the hospital. No nurse was confirmed working on and Med Tech I worked on by the Assistant Administrator on email documentation dated at 3:15 PM. Further review revealed Caregiver L was on all the weekly schedules from - ; /205- ; - and - to work but when asked to interview her on at 4:50 PM, the DON and Assistant Administrator stated that she was not working due to workers comp for a few weeks	A 079		

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A 079	Continued From page 21 now. There was a discrepancy with who was working on , 3rd shift 11pm-7am below: On at 6:15 AM, an interview with Med Tech I said she did not work on 3rd shift, however her name was written in the daily work schedule, and she confirmed that she signed her name. Housekeeper H said that it was sisters (Caregiver J & Caregiver K) who worked with her on overnight shift, and not Med Tech I. On at 10:28 AM, a telephone interview with Caregiver J confirmed she and er sister caregiver K and Housekeeper H were working on overnight shift, not Med Tech I. Caregiver J stated resident #1 and was found in her apartment bathroom. Caregiver J said that she and her sister Caregiver K heard the call bell go off and informed Housekeeper H who was on break at the time. Caregiver J and Caregiver K did not know really what to do because they were not as experienced as Housekeeper H. Caregiver J stated that there was no nurse or Med Tech on duty that overnight shift ( ) working with them and Caregiver J & Caregiver K did not have the training to handle this situation, so they relied on Housekeeper H since she had been working at the facility longer. Housekeeper H called 911 and Caregiver J called the family member for resident #1 and let the Director of Nursing (DON) know about the incident the next day. There were too many errors and discrepancies to figure out who really worked on . .	A 079		

Agency for Health Care Administration

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A 079	Continued From page 22 On at 7:30 AM, an interview with the Administrator and Assistant Administrator confirmed the findings and understood that the schedule was not matching. On at 5:47 PM, an exit interview with the Administrator, Assistant Administrator, Director of Nursing (DON) and Business Office Manager (BOM) confirmed the findings. (Photographic Evidence Obtained) Class III	A 079		