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
	AL11943019	A. BUILDING: _____ B. WING _____	10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLES MANOR INDEPENDENT INC	1535 VENETIA AVENUE CORAL GABLES, FL 33134

(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 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; 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;	A 055		

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A 055	Continued From page 1 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 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	A 055		

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A 055	Continued From page 2 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 and interview, the facility failed to maintain centrally stored medications in a locked cabinet, or other locked storage receptacle, room, or area at all times. Findings: An observation on at 6:15 AM, showed on the dining room table, unidentifiable medications alongside an , , bottle, a medication crusher, a substance that looked like apple sauce and 3 cups of water. (photographic evidence obtained) An observation on at 6:25 AM, showed an unlocked cabinet/closet in the administrator's area that included residents and staff members medications. Further observation showed unlocked medications in the administration closet area located in the rear of the garage. The unlocked medication were Silver 1%, SSD 1% Cream and , , 1%. (photographic evidence obtained) An observation on at 6:25 AM showed an unlocked cabinet by the bathroom area with resident # 3 the medications were , 30 mg, Omega 1,000, 325 mg, Silver 1% cream, , 10mg, 20 mg.,	A 055		

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A 055	Continued From page 3 1 mg., Rosuvastatin , 125MC, 10mg., , 2.5 mg., , 10mg., C 50mg., , Fum 50 mg., 30 mg. For resident resident # 4, were , 10mg, Silver 1% cream, 1 gram, Sentry , 325 mg., 50mg., 30 mg., and , 81 mg. For resident resident # 5 were , 0.5 mg., Silver 1% cream, Shampoo, 0.4, Tab-A-Vite, 50mg., C 500 mg., Hipp., D2 50,000 Units, 100 mg., /Betamet, 20 mg., , 2.5 mg tabs., and , - , For resident # 1 were Silver 1% cream, , 10mg., 1 mg., One Daily, 20 mg., Hipp., and 40 mg. For resident # 2 were , 7.5 mg., , 75 mg., B1, D2 50,000 Units, 50mg., 100, 25 mg., and , 10 mg. In an interview on at 6:31 AM, Staff C was asked why the cabinet/closet was unlocked and contained medications from residents and staff members, Staff C stated, "The door is locked at all times." In an interview on at 8:15 AM, Staff C was asked why the medication closet was unlocked while the Staff B was dispensing medication, Staff C stated, "Well, she is giving medications right now." Class III	A 055		

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A 056	Continued From page 4	A 056		
A 056 SS=D	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 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	A 056		

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A 056	Continued From page 5 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 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,	A 056		

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A 056	Continued From page 6 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, interview and record review, the facility failed to follow the doctor's orders when assisting 1 out of 5 sampled residents with self-administration of medications (Resident #3). Findings: In an interview on at 8:38 AM, Staff C was asked why Staff B was dispensing crushed medications to Resident # 3, Staff C stated, "We have orders to give it crushed". An observation at 8:13 AM showed medication passing for resident # 4. An observation at 8:19 AM showed medication passing for resident # 2. An observation at 8:38 AM showed medication passing for resident # 3. A review of MOR (Medication Observation Record) showed medications are to be given at 7 am. (Photographic evidence obtained) An observation on at 8:50 AM, showed Staff C looking for the crushed medication Dr's orders and calling the administrator via phone asking for the orders.	A 056		

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A 056	Continued From page 7 A review on resident's # 3 records showed no orders for crushed medications. Class III	A 056		
A 077 SS=E	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be	A 077		

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A 077	Continued From page 8 under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:	A 077		

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A 077	Continued From page 9 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at:	A 077		

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A 077	Continued From page 10 http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that it was under the supervision of an administrator responsible for the operation of the facility. Unlicensed staff were providing medication administration. Residents with , , were not given prescribed, crushed medications. Findings included: Observation on at 6:30am showed that there were five (5) residents at the facility. Observation on at 8:18am showed that Resident # 2 were and stiff. Resident # 2 spoke very little. A review of Resident #2 's health assessment dated showed that needed assistance with self-administration of medications. Resident #2 assessment noted that she also needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. Resident # 2 was diagnosed with , , , , ( ), slurred speech, , gait difficulty, and , . Observation on at 8:18am showed Staff B and C were assisting Resident # 2 with medications. Resident #2 was not able to drink water without total assistance nor take her medications without staff administering the medication directly into her . Resident # 2	A 077		

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A 077	Continued From page 11 was in distress, was coughing and aspired water during the medications pass, and needed both Staff B and C's attention. During an interview on at 8:42 am Staff C did not reply when asked if he believed that Resident #2 was appropriately placed. During an interview on at 9:04am the Administrator stated she was ill and had never gotten a deficiency in the last eight years when an attempt was made to inform her about the incident that occurred with Resident # 2 and the appropriateness for continued residency. A review of the Administrator's delegation of authority showed that Staff C and Staff B were designated to be in charge of the facility during a temporary absence of administrator. During an interview on at 12:05pm Resident #2 and #3's physician stated that both residents had , , and needed medication administration when asked if he was familiar with the resident ability to take medications. The Physician stated that he provided the facility with a crush pill order for both residents upon their request on . He stated that the order for crushed medications was for all the medications taken by Resident #2 and #3. Furthermore, the Physician stated that a request for a hospice evaluation had not been made by the facility. Class III	A 077		
A 078 SS=E	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF.	A 078		

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A 078	Continued From page 12 (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 observations on the appropriate resident's record,	A 078		

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A 078	Continued From page 13 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, interview and record review, the facility failed to ensure that staff are qualified to perform their duties, be appropriately licensed or certified, and execute their responsibilities, consistent with their qualifications. Findings included: Observation on at 6:30 am showed that there were five (5) residents at the facility. During an interview on at 6:30 am stated that in the event that , ( ) needed to be rendered he	A 078		

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	AL11943019	A. BUILDING: _____ B. WING _____	10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLES MANOR INDEPENDENT INC	1535 VENETIA AVENUE CORAL GABLES, FL 33134

(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	Continued From page 14 suggested that three , and three breath should be administered. Observation on at 8:18 am both Staff B and C were assisting Resident # 2 with medications. Resident #2 did not self-administer her medication. Staff B administered medications to Resident #2 by pouring the medications into the resident . Resident #2 coughed and aspirated when Staff C poured water into Resident # 2 . A review of Resident # 2 last health assessment dated showed that she needed assistance with self-administration. Observation on at 8:34 am Staff B assisted Resident # 3 with medications. Staff B crushed and cut opened medication and poured them into apple sauce. Staff B then feed the apple sauce to Resident # 3. Resident #3 did not self-administer her medication. Staff B administered medications to Resident #3. A review of Resident # 3 last health assessment dated showed that she needed assistance with self-administration. During an interview on at 8:40 am Staff B stated that she was a medical professional in Cuba. When asked if she was a licensed professional in the United States, she said no and then Staff B started to cry. Staff B wanted to know what she should not do. A review of the Staff B employee records showed that she had received training with assistance with self-administration. A review of the Department of Health's license	A 078		

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A 078	Continued From page 15 verification database showed that Staff B and Staff C do not have any professional license with the State of Florida. During an interview on at 8:42 am Staff C did not reply when asked if he believed that Resident # 2 was appropriately placed. When asked to call Resident #2's physician and inform them that Resident #2 could not self-administer medication with assistance, Staff C said that he would. During an interview on at 11:00AM Staff C stated he had not called Resident #2's physician yet. Staff C did not know he needed to call the resident family when asked who else he should call. Class III	A 078		
A 079 SS=I	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	A 079		

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A 079	Continued From page 16 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 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	A 079		

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A 079	Continued From page 17 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. (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.	A 079		

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A 079	Continued From page 18 (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 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	A 079		

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A 079	Continued From page 19 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, interview and record review the facility failed to provide adequate staffing to meet the scheduled and unscheduled care needs of 5 out of 5 sampled residents (Residents # 1, 2, 3, 4, and 5) Findings included: Observation on at 6:03 am showed that there were five (5) residents and one (1) staff members at the facility. A review of the staff schedule showed that Staff B was scheduled to work every day from 6:00AM to 6:00AM. Observation on at 6:06 am showed that Resident # 5 was in the restroom waiting to be bathed, naked and visible to all who passed by the open bathroom door. A review of Resident #5's health assessment dated showed that he needed assistance with self- administration of medications. Resident #5 assessment noted that she also needed assistance with ambulation, bathing, , grooming, toileting, and transferring. Resident # 5 was independent with eating. Resident #5 was diagnosed with	A 079		

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A 079	Continued From page 20 ; and history of , deep- ( ), and . Observation on at 6:07 am showed that Resident # 1 was in hospice care and received services from both the hospice provider and assisted living facility. A review of Resident #1's health assessment dated showed that she needed medication administration. Resident #1's health assessment noted that she needed total care of ambulation, bathing, , eating, grooming, toileting, and transferring. Resident #1 was diagnosed with , , gait difficulty, , and . Resident # 1 was bedridden and received hospice services including administration of medications. Resident #1 required a puree diet with thickened liquids. Observation on at 6:18 am showed Staff B fed Resident # 1 milk with bread mix. Observation on at 6:30 am showed that Staff C arrived at the facility. A review of the staff schedule showed that Staff C was scheduled to work every day from 7 am to 7 pm. During an interview on at 7:10 am Staff B stated that she would give resident breakfast soon but was still trying to get the residents bathed and dressed. When asked when do they usually have breakfast she stated around 7:00AM and 8:00AM. Observation on at 7:45 am showed	A 079		

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A 079	Continued From page 21 that Staff B finished bathing and ◡ each resident. During an interview on at 7:50 am Staff B stated that residents would have breakfast in the living room. Observation on at 8:11 am showed both Staff B and C were assisting Resident # 4 with medications. A review of Resident #4's health assessment dated showed that she needed assistance with self- administration of medications. Resident #4's assessment noted that she also needed assistance with ambulation, bathing, ◡, eating, grooming, toileting, and transferring. Resident #4 was diagnosed with ◡ , ◡ , and . Observation on at 8:18 am showed both Staff B and C were assisting Resident # 2 with medications. A review of Resident # 2's last health assessment dated showed that needed assistance with self-administration of medications. Resident #2 assessment noted that she also needed assistance with ambulation, bathing, ◡, eating, grooming, toileting, and transferring. Resident # 2 was diagnosed with ◡ , ◡ ( ), slurred speech, , gait difficulty, and . Resident # 2 required a puree diet. Observation on at 8:34 am showed Staff B assisted Resident # 3 with medications.	A 079		

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A 079	Continued From page 22 A review of Resident # 3's health assessment dated showed that she needed assistance with self-administration of medications. Resident # 3 assessment noted that she also needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. Resident # 3 was diagnosed with , , , gait difficulty, , and , . Resident # 3 required a puree diet. Observation on at 8:34 am showed Staff C was observing Staff B giving medications. A review of Resident #2, #3, and #4 prescription orders showed that their medications were ordered to be given at 7:00AM. Observation on between 6:00 am and 11:20 am showed Residents #2, # 3, #4 and #5 did not have any breakfast. During an interview at 11:10 am Staff C stated that residents were going to have lunch in the dining room because they were hungry. A review of the posted menu for revealed that assorted juices, dry cereal /hot cereal, bread with margarine and milk. The puree menu included wet cereal. During an interview on at 11:20 an Staff C stated that the residents had eaten breakfast. Class II	A 079		
A 162 SS=D	59A-36.015(3) FAC Records - Resident	A 162		

Agency for Health Care Administration

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A 162	Continued From page 23 (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. (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	A 162		

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A 162	Continued From page 24 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 , , , ( ), 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	A 162		

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A 162	Continued From page 25 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 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 interview and record review the facility failed to maintain an accurate and up to date Health Assessment for two out of five sampled residents (Resident #2, and #3) and failed to maintain documentation of the legal representative or individual designated as a	A 162		

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A 162	Continued From page 26	A 162		

healthcare surrogate for one out of five sampled residents (Resident # 1) .

Findings included:

1)

Observation on at 6:30am showed that there were five (5) residents and two (2) staff members at the facility.

Observation on at 8:18am showed that Resident #2 were and stiff. Resident # 2 spoke very little.

Observation on at 8:18am showed both Staff B and C were assisting Resident # 2 with medications. Resident #2 did not self-administer her medication. Staff B administered medications to Resident #2

A review of Resident # 2 last health assessment dated showed that she needed assistance with self-administration of medications. Resident #2 assessment noted that she needed assistance with eating. Resident # 2 was diagnosed with ( ), slurred speech, , gait difficulty, and .

Observation on at 8:34am Staff B assisted Resident # 3 with medications. Staff B crushed and cut opened medications and poured them into apple sauce. Staff B then feed the apple sauce to Resident # 3. Resident #3 did not self-administer her medication. Staff B administered medications to Resident #3.

A review of Resident # 3 last health assessment

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A 162	Continued From page 27 dated showed that she needed assistance with self-administration of medications. Resident # 3 assessment noted that she also needed assistance with eating, grooming, toileting, and transferring. Resident # 3 was diagnosed with , , , , gait difficulty, , , , and , , . A review of Resident #3 records showed that there were no orders for crushed medications. During an interview on at 12:05pm Resident #2 and #3's physician stated that both residents had , , and needed medication administration when asked if he was familiar with the resident ability to take medications. He stated that her last saw both residents on . The Physician stated that he provided the facility with a crush pill order for both residents upon their request on . 2) Observation of at 6:30am showed that Resident # 1 was in bed and was receiving hospice services. Resident #1 was bedridden and could not communicate. A review of Resident #1's records at the facility showed that there was no legal representative or healthcare surrogate documentation. Resident #1 contract was signed by her daughter. Class III	A 162		
A 000	Initial Comments An biennial survey was conducted at Gables	A 000		

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	AL11943019	A. BUILDING: _____ B. WING _____	10/13/2025

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A 000	Continued From page 28 Manor Independent Inc. on . Deficiencies were identified at the time of the survey.	A 000		
A 010 SS=H	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the	A 010		

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A 010	Continued From page 29 resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced	A 010		

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A 010	Continued From page 30 practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care	A 010		

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A 010	Continued From page 31 practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by:	A 010		

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A 010	Continued From page 32 Based on observation, interview, and record review the facility failed to ensure the appropriateness of continued residency for two out of five sampled residents (Resident #2 and #3) who required a higher level of care that the facility was not capable of providing. Findings included: Observation on at 6:30 am showed that there were five (5) residents and two (2) staff members at the facility. Observation on at 8:18 am showed that Resident # 2 were contorted and stiff. Resident # 2 spoke very little and did not have discernable words. A review of Resident # 2's last health assessment dated showed that she needed assistance with self-administration of medications. Resident #2's assessment noted that she needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. Resident # 2 was diagnosed with , ( ), slurred speech, , gait difficulty, and . Resident # 2 required a puree diet. During an interview on at 8:17 am Staff C stated that Resident #2 needed help taking her medications because she cannot hold items in her because of a she had. Observation on at 8:18 am showed both Staff B and C were assisting Resident #2 with medications. Staff C tried to give a cup of water to Resident #2 and she could not hold the cup. Staff B gave Resident #2 a cup with her	A 010		

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A 010	Continued From page 33	A 010		

medication and Resident #2 could not hold the smaller cup either. Staff B then guided Resident #2's while griping her closed toward her and instructed Resident #2 to open her and swallow the pill in the cup. Further observation showed he pill out of the cup and unto the resident dress. Staff B picked up the pill, put it into the cup and poured the cup into Resident #2's . Staff C poured regular water into Resident # 2's and resident #2 started coughing and aspirated the water given to her. Staff C later came with thickened water and poured thickened water into Residents #2's . Resident # 2 could not drink water without staff nor take her medications without staff administering the medication directly into her . Resident #2 appeared to be turning red while she was being given her medications =by both Staff B and C attention. Observation revealed that Resident #2 was coughing during and after the staff poured the water into her .

A review of data from the National Center of Health Research showed, "Thickened drinks are drinks that have a thickener added to make them thicker. They are often recommended for people who can no longer swallow normal fluids safely, because drinks go into their , causing coughing, choking or more serious risks such as and , , ."

Observation on at 8:34 am Staff B assisted Resident #3 with medications. Staff B crushed and cut opened medication and poured them into apple sauce and feed the apple sauce to Resident #3.

A review of Resident #3's health assessment dated showed that she needed

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A 010	Continued From page 34 assistance with self-administration of medications. Resident #3's health assessment further noted that she needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. Resident # 3 was diagnosed with , , , gait difficulty, , , , and , , . Resident # 3 required a puree diet. A review of the Staff B's employee records showed that she had received six hours of initial training and also continuing education regarding assisting residents with self-administration of medications. During an interview on at 9:04 am the Administrator stated, when an attempt was made to inform her about the incident that occurred with resident # 2 and her appropriateness for continued residency, that she had never gotten a deficiency in the last eight years. The Administrator further stated that she didn't feel well. The administrator provided no information about the conditions at the facility. During an interview on at 12:05 pm Resident #2 and #3's physician stated that both residents had , , and needed medication administration when asked if he was familiar with the resident ability to take medications. The Physician stated that he provided the facility with a crush pill order for both residents upon their request on . The Physician further stated that the order for crushed medications was for all the medications taken by Resident #2 and #3. Additionally, the Physician stated that a request for a hospice evaluation had not been made by the facility when asked if the facility requested such.	A 010		

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A 010	Continued From page 35 Class II	A 010		
A 030 SS=D	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be	A 030		

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A 030	Continued From page 36 included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.-	A 030		

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A 030	Continued From page 37 (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility.	A 030		

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A 030	Continued From page 38 (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual	A 030		

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A 030	Continued From page 39 without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, . Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder	A 030		

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A 030	Continued From page 40 Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, and interview, the facility failed to ensure 4 out of 5 sampled residents lived in a safe and living environment free of and neglect and respect (Residents #2,3,4 and 5) . Findings: 1) An observation on at 6:08 AM showed Resident # 5 being bathed by Staff B in the shower area with the door opened. Further	A 030		

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	AL11943019	A. BUILDING: _____ B. WING _____	10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GABLES MANOR INDEPENDENT INC	1535 VENETIA AVENUE CORAL GABLES, FL 33134

(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 030	Continued From page 41 observations between 6:08 and 10:00 am revealed that the bathroom door was also left open with Residents # 2, 3, and 4 fully undressed and in view of everyone while Staff B bathed them. 2) An observation on at 6:15 AM showed In # 's closet women's clothing Further observation revealed that Resident #5, who lived in , was male and dressed in men's clothing. Observation also revealed several stacked packages of adult briefs on the dresser. Observation revealed that on the second bed in Resident #5's room, where no one lived, were three sets of women's clothing. In an interview on at 6:15 AM, Staff B was asked why women's clothing and extra adult briefs were in Resident # 5's closet, she stated, "They belong to other residents." In an interview on at 6:09 AM, Staff B was asked why the door was open while bathing residents, Staff B stated that she had a lot of things to do that morning. Class III	A 030		
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	A 036		

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A 036	Continued From page 42 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. (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 and interview, the facility failed to implement and provide services in a manner that reduces the risk of transmission of Findings: An observation on at 6:20 AM showed Staff B using the same gloves while bathing residents, entering the kitchen, touching the door and giving breakfast to Resident #1. In an interview on at 6:25 AM, Staff B was asked why she was not changing her gloves between residents and tasks as a normal practice, and stated, "Well, I do change them so often."	A 036		

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A 036	Continued From page 43 Class III	A 036		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's 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 44 (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 45 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 46 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 and record review, facility failed to follow the procedure outlined by the State when assisting one out of five sample residents with self-administration of medications (Residents #4). Findings included: Observation on at 6:30 am showed that there were five (5) residents and two (2) staff members at the facility.	A 052		

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A 052	Continued From page 47 Observation on at 8:11 am showed Staff B poured Resident #4's medications into a cup one at a time. After each pill, Staff B advised Resident #4 of the name of the medication but did not advise Resident #4 of the dosage. A review of Resident #4's health assessment dated showed that she needed assistance with self- administration of medications. The resident needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. Resident #4 was diagnosed with , , , and . A review of Resident # 4's records showed that no documentation of a written waiver to opt out of being orally advised of the medications' names and dosages. A review of the Staff B's employee records showed that she had received training on assisting residents with self-administration of medications. Class III	A 052		
A 053 SS=H	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or	A 053		

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A 053	Continued From page 48 behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, facility failed to have a licensed staff administering medication for two out of five sampled residents (Residents #2 and 3). Findings included: Observation on at 6:30 am showed	A 053		

Agency for Health Care Administration

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A 053	Continued From page 49	A 053		

that there were five (5) residents.

1)
Observation on at 8:18 am showed that Resident # 2's were and stiff. Resident # 2 spoke very little but could not be understood.

Observation on at 8:18 am showed Staff B and C assisting Resident # 2 with medications. Staff C tried to give a cup of water to Resident #2 but she could not hold the cup. Staff B gave Resident #2 a cup with her medication and Resident # 2 could not hold the smaller cup either. Staff B then guided Resident #2 , while griping her closed, toward her . Staff B instructed Resident #2 to open and swallow the pill in the cup. The pill out of the cup and unto the resident's dress. Staff B picked up the pill, put it into the cup and poured the cup into Resident #2's . Staff C then poured regular water into Resident #2's and Resident #2 started coughing and aspirated water. Staff C later came with thickened water and poured thickened water into Residents #2's . Staff B continued to put the rest of medications in Resident # 2's without the resident's assistance.

A review of Resident #2's health assessment dated showed that she needed assistance with self-administration of medications. The resident needed assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. Resident # 2 was diagnosed with , , , ( ), slurred speech, , gait difficulty, and . Resident #2 required a puree diet.

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A 053	Continued From page 50 2) Observation on at 8:34 am showed Staff B assisted Resident #3 with medications. Staff B crushed and cut opened medication and poured them into apple sauce. Staff B then feed the apple sauce to Resident #3 with all of the medications in it. Resident #3 did not feed herself the medications. A review of Resident #3's health assessment dated showed that she needed assistance with self-administration of medications. Resident # 3 also needed assistance with ambulation, bathing, eating, grooming, toileting, and transferring. Resident # 3 was diagnosed with , , , gait difficulty, , and , . Resident # 3 required a puree diet. A review of facilities records for Resident #3 showed that there were no crushed pill orders for any of Resident #3 medications. During an interview on at 8:40 am Staff B stated that she was a medical professional in Cuba. When asked if she was a licensed professional in the United States, she said no and then started to cry. Staff B wanted to know what she should not do. A review of the Staff B's employee records showed that she had received training with assistance with self-administration. A review of the Department of Health's license verification database showed that Staff B and Staff C do not have any professional license with the State of Florida.	A 053		

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A 053	Continued From page 51 During an interview on at 8:42 am Staff C was asked to locate the crushed pill orders for Resident #3 and said that the orders were in the chart. Observation on at 8:47 am Staff C was unable to locate the crushed pill orders for Resident #3 and called the Administrator to ask her where they were. During a telephone interview on at 9:04 am the Administrator, when asked about Resident # 2's appropriateness for continued residency, stated she was ill and had never gotten a deficiency in the last eight years. During an interview on at 10:49 am Staff B stated that she crushed Resident #3's medication sometime with a wooden mortar because it was difficult for her to use the other pill crusher. Staff B stated that she gave Resident #2 her medication with apple sauce regularly. She stated that she did not crush Resident #2's pills but simply placed them in the sauces and fed them to the resident. During an interview on at 12:05 pm Resident #2's and #3's Physician stated that both residents had , , and needed medication administration when asked if he was familiar with the resident ability to take their medications. The Physician stated that he provided the facility with a crush pill order for both residents upon their request on . He stated that the order for crushed medications was for all the medications taken by Resident #2 and #3. Furthermore, the Physician stated that a request for a hospice evaluation had not been made by the facility when asked.	A 053		

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A 053	Continued From page 52 Class II	A 053		
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 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:	A 054		

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A 054	Continued From page 53 Based on interview and record review, the facility failed to have the Medication Observation Records (MOR) accurate for one of five sampled residents (Resident# 2.) Findings: In an interview on at 8:58 AM, Staff B was asked why in the MOR (Medication Observation Record) showed that was marked as given only , and D2 was marked to be dispensed every week on Wednesdays was signed for , , , , , , , and , she stated, "Oh, I signed it backwards, the D2 should of being signed only Wednesdays and the should of being signed every day". A review of the MOR showed that was prescribed one time daily and the D-2 was prescribed every Wednesday. Further review of the MOR showed was marked as given only , and D2 was marked to be dispensed every week on Wednesdays and was signed for , , , , , , , and . (Photographic evidence obtained) Class III	A 054		