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
	AL11922280	A. BUILDING: _____ B. WING _____	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE SENIOR LIVING AT PORT RICHEY LLC	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 000	Initial Comments A complaint investigation (#2025013428, #2025013675, #2025014924 and #2025014537) was conducted at Best Care Senior Living at Port Richey on to . The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=H	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 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 025		

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A 025	Continued From page 1 (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. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an awareness of the general health, and physical well-being of the resident by failing to ensure additional services or medical treatments were initiated for one (Resident #8) of one sampled resident with a severe skin ; and failed to maintain an awareness of the general health, and physical well-being of the resident for one (Resident #16) of one sampled resident with care required for to lower ; and failed to maintain an awareness of	A 025		

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A 025	Continued From page 2 the general health, and physical well-being of one memory care resident (Resident #2) who went out via emergency services for an unknown reason. The lack of supervision of resident care and services placed residents at risk for harm or exacerbation of medical issues. Findings included: An observation conducted on at 8:39 a.m. Resident #16 was in a wheelchair with redness and to both lower . The resident had an tank in the room. In an interview conducted on at 8:39 a.m. Resident #16 said they had lots of and needed the facility to contact the doctor to get care as the bandage from the hospital was two days old and needed changed. A record review conducted on for Resident #16 revealed a provider note dated that discussed lower extremity . Additionally, there was an order for home health care for , and a registered nurse for lower extremity related to ( ) and with on , and a carb-controlled diet. The hospital records dated revealed diagnoses of Type II , a history of , , continuous oral , failure, and exacerbation. An attempted record review of the third-party services conducted on for Resident #16 revealed there were no services documented.	A 025		

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A 025	Continued From page 3 The facility "Visitor criteria not met" sign in log's last entry for Resident #16 was dated . In an interview conducted on at 9:30 a.m. Resident #6 said that the room had bed bugs and recently had a room change due to them. In an interview conducted on at 9:45 a.m. Resident #8 said the room had bed bugs and had lots of bites on their , and and the bites itched. In an observation conducted on at 8:45 a.m. Resident #8 had a large amount of red marks on the abdomen with live bed bugs on the baseboards of the room. A record review conducted for Resident #8 conducted on revealed last progress notes by provider dated listed and . There was no mention of skin issues and no treatment order for a skin on the Medication Observation Record. The Agency for Healthcare Administration Resident Health Assessment (1823) revealed the resident required assistance with showering. During an interview conducted on at 2:00 p.m. to 3:40 p.m. the Resident Care Coordinator (RCC) said the facility was not aware of Resident #8 having bed bugs or a . The RCC was unable to say why no one knew of the if the resident required assistance to shower. Furthermore, the RCC said the provider would be contacted. During an interview with the pest control company, conducted on at	A 025		

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A 025	Continued From page 4 2:00 p.m., the pest control company representative stated the company had not treated for bed bugs at the facility. During an interview conducted on at 2:00 p.m. the Administrator said the facility had not been aware of bed bugs but would have pest control come to treat the facility. During an interview conducted on at 11:30 Resident #13 said a resident in another building had gone out the night prior from a locked memory care building, for drinking a chemical substance. Additionally, the resident said emergency medical services, police and a fire truck were at the facility for the call. During an interview conducted on at 11:47 a.m. Resident #24 said resident #23 said they drank a chemical substance from the housekeeping cart the day before, and staff were going to wait until after medication pass to call the ambulance, so they called instead. During an observation conducted on in a locked memory care unit there were residents ambulating around the unit and housekeeping staff had the housekeeping cart outside the residents' rooms while cleaning inside the rooms. Residents ambulated through the hallways. In an interview conducted on at 11:39 a.m. Staff H said they had not heard about any residents going out by ambulance the day prior and nothing was documented in the staff communication binder. In a record review of the facility shift report book in	A 025		

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A 025	Continued From page 5 building 4, conducted on , there were no notes dated for . In an interview conducted on at 11:44 a.m. Staff L had not heard of any resident going out by ambulance or police in the facility the night prior. In an interview conducted on at 12:40 p.m. the Administrator was not aware of any law enforcement or fire personnel at the facility. Further discussion revealed a resident was sent out with a , but the Administrator was uncertain of the hospital Resident #24 was sent to. Furthermore, the Administrator said housekeeping should leave the cleaning cart outside of the memory care buildings and not leave it unattended in the memory care hallway. In an observation conducted on at 12:44 p.m. the Administrator's facility camera footage dated at 8:15 p.m. for building 4 in the locked unit showed law enforcement, paramedics, and fire staff present in the hallway and resulted in Resident #24 taken out on a stretcher. Class II	A 025		
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	A 052		

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A 052	Continued From page 6 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. (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	A 052		

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A 052	Continued From page 7 ␣ 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 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 18	A 052		

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A	Continued From page 8 , ,, 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 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	A 052		

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A 052	Continued From page 9 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 interview, the facility failed to provide proper assistance with self-administration of medications by not reading the medications out loud to residents and completing hygiene in between medication passes for two residents (Resident #5 and Resident #10) of two sampled residents. Findings included: During a medication pass observation with Staff F (unlicensed Medication Technician) for Residents #5 and Resident #10 conducted on from 8:41 a.m. through 8:51 a.m., Staff F assisted	A 052		

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A 052	Continued From page 10 Resident #5 and Resident #10 with self-administration of medications. Staff F did not read the medications out loud to Resident #5 and Resident #10. Staff F also did not complete hygiene between medication passes. During an interview conducted on at 11:15 a.m. Resident #13 said the Medication Technicians do not always tell the residents what medications are being given. During an interview on at 10:15 a.m. the Resident Care Coordinator stated it was the expectation for the unlicensed Medication Technicians to read each medication out loud to residents and to complete hygiene in between each medication pass. Class III	A 052		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or	A 054		

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A 054	Continued From page 11 administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate and updated Medication Observation Records (MORs) for nine residents (Resident #4, #5, #6, #7, #9, #12, #13, #14, and #15) of nine sampled residents who required assistance with self-administration of medication. Furthermore, the facility failed to maintain updated count sheets for four (Resident #5, #7, #11, and #12) of four sampled residents. Findings included: In a record review of ␣ , , , and MORs for Resident #4, Resident #5, Resident #6, Resident #7, Resident #9, Resident #12, Resident #13, Resident #14, and Resident #15, conducted on , there were blanks on multiple days for prescribed medications, with no exceptions noted.	A 054		

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A 054	Continued From page 12 A record review was of the facility's Count Sheets, conducted on , revealed multiple blank entries from the records of Resident #5, Resident #7, Resident #11 and Resident #12. After comparing the medications in the locked box to the count sheets, it appeared that multiple were missing from the cart. In an interview conducted on at 3:15 p.m., the Administrator stated there should be no blanks on the MOR or on the Count Sheets. Photographic evidence obtained. Class III	A 054		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication;	A 055		

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A 055	Continued From page 13 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; 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.	A 055		

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BEST CARE SENIOR LIVING AT PORT RICHEY LLC	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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	Continued From page 14 (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 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 ensure prescribed medications were properly stored for one (Resident #13) of one sampled resident that required assistance with self-administration of medication.	A 055		

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A 055	Continued From page 15 Findings included: In an observation conducted on at 10:30 a.m.. Resident #13 had a small clear medicine cup that contained two yellow oval pills in the nightstand. In an interview conducted on at 10:30 a.m. Resident #13 said the medication technician brought the , at 8:00 a.m. instead of the usual 8:00 p.m. and Resident #13 would not take it at 8:00 a.m. because it was the wrong time. A record review of the un-dated facility policy entitled "Medication Policies & Procedures" conducted on revealed on page 19, paragraph 1: "If Doctor states resident needs assistance with self-administration of medication the facilities med (medication) techs will assist residents and centrally store resident's medication. When the Med Tech's are providing assistance with self-administration of medication, they must observe the resident take their medication." During an interview on at 11:46 a.m. the Administrator said the medication technicians should watch the residents take the medications and no medications should be left in the resident's rooms. Photographic evidence obtained. Class III	A 055		

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A 056	Continued From page 16	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	A 056		

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A 056	Continued From page 17 providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or 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,	A 056		

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A 056	Continued From page 18 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure stored medications are kept in their original manufacturer's packaging, which must include the date they were dispensed for one resident (Resident #4) of one sampled resident; and failed to ensure medication orders matched the physician orders for one (Resident #13) of one sampled resident. Findings included: During an interview with Resident #4 conducted on at 9:25 a.m., Resident #4 stated the facility ran out of sometimes. During an interview conducted on at 10:08 a.m. Resident #13 said every month the facility ran out of medications, and that the facility had started to give an 8:00 p.m. ordered , that helped them sleep, at 8:00 a.m. for the past few days. Additionally, Resident #13 said there was a medication ordered by a physician that Resident #13 had never seen. A record review of the physician orders dated	A 056		

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A 056	Continued From page 19 for Resident #13 contained an order for , daily at 8:00 p.m. with instructions to "take 1 tab by every night at bedtime." Additionally, there was a handwritten physician note to the facility that said "stop giving meds we haven't ordered!!" with a circle around . During an interview conducted on at 3:11 p.m. the Resident Care Coordinator said the pharmacy never sent Resident #13's or . During an observation of the medication cart conducted on at 10:35 a.m., Resident #4's was not located on the medication cart. A record review of Resident #4's Medication Observation Record, conducted on , revealed Resident #4's was given at 8:00 a.m. on . An observation of the medication cart conducted on at 9:36 a.m. revealed that Resident #4's was on the medication cart, and the medication label had a fill date of . An interview was conducted with the Resident Care Coordinator on at 9:50 a.m.. The Resident Care Coordinator stated that Resident #4's was delivered to the facility late on the night of . Resident Care Coordinator stated the facility did not know why the medication had a fill date of and that was just how the pharmacy sent it. A record review of the un-dated facility policy	A 056		

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A 056	Continued From page 20 entitled "Medication Policies & Procedures" conducted on revealed on page 19, paragraph 1: "The Med Tech's must make every reasonable effort to ensure that Prescriptions for residents are filled or refilled in a timely manner." A record review of the un-dated facility policy entitled "Medication Refills" conducted on revealed "6. Medications are logged on the centrally stored medication record when received. The Resident Care Director or designee discusses any changes in medication with the resident, responsible party and appropriate staff," During an interview with the Resident Care Coordinator (RCC) conducted on at 10:31 a.m., the Resident Care Coordinator stated the pharmacy sent a new label for Resident #4's with a fill date of . The RCC stated the facility was going to tape the new label on top of the old medication, even though the medication had a different fill date. The Resident Care Coordinator also stated the pharmacy did not send a new medication on and that the pharmacy only sent a new label. The RCC also stated it was concerning that the pharmacy sent just a label with no medication. Furthermore, the RCC said the facility did not log in medications on the centrally stored medication record when medications were accepted by the facility per the facility medication refill policy, but felt the facility needed to revise the medication check in process. During an interview conducted on at 12:07 p.m. The Administrator said the facility was retraining for medications with a corporate registered nurse and were working to resolve the issues. On at 3:40 p.m. The	A 056		

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A 056	Continued From page 21 Administrator said that the medication time for Resident #13 had been changed to 8:00 p.m. as ordered, and was not able to explain why the medication time had been changed if not ordered by the physician. (Photographic evidence obtained) Class III	A 056		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must	A 093		

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A 093	Continued From page 22 serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order	A 093		

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A 093	Continued From page 23 indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local	A 093		

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A 093	Continued From page 24 disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure resident nutritional needs were met by ensuring a supply of eating ware sufficient for all residents was available, failed to serve the minimum portions of food according to the menu to all residents, failed to provide snacks daily to all residents without access to kitchen facilities, and failed to provide nutritionally adequate menu substitutes for orange juice for all residents. Findings included: During an interview on at 9:36 a.m. Resident #25 said the facility did not provide orange juice and had no knives available. During an interview on at 9:37 a.m. Resident #9 said Resident #9 would ask for milk because the facility would never have orange juice. Additionally, Resident #9 said that there were no knives available and residents had used the same one for three weeks and would just wash and reuse. In an observation conducted on at 9:37 a.m. The Cook overheard the comment and took a handful of white plastic knives and put them in the gray storage bin outside the kitchen door in the dining room. During an interview on at 9:54 a.m. Resident #26 said the facility did not service milk and orange juice every day.	A 093		

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A 093	Continued From page 25 During an interview on at 8:52 a.m. Resident #23 said if Residents got three things on the plate, they could only eat one item as it was the type of place where you get what you get or get nothing. During an interview on at 11:15 a.m. Resident #13 said Residents did not get snacks during the day and sometimes the snacks would leave the facility when staff went home. During an interview on at 11:17 a.m. Resident #15 said Residents only sometimes got snacks during activities. Observation conducted on and from 8:00 a.m. through 3:30 p.m. revealed no snacks were given. A record review of the facility's menu conducted on revealed breakfast for the day was orange juice, pancakes, sausage and milk. An observation conducted on at 8:30 a.m. in building 3 revealed Resident #16, Resident 27, and Resident #28 were served pancakes only on the plates. Resident #29 shared one of the two sausage patties with Resident #28. No orange juice was available, and beverages were not passed to the residents at the table at the same time as the meal. During an interview conducted on at 9:15 am. The Cook said that if sausage was not provided to some residents, it was because they were busy and missed it when plating the food. The Cook also said the Dietary Manager ordered the food.	A 093		

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A 093	Continued From page 26 An observation with the Cook, conducted on at 9:18 am , revleaed there was an orange colored, ´ flavored island punch but no orange juice in the facility. There were boxes of ´ flavored powdered drink mixes on the counter. During an interview conducted on at 9:22 a.m. The Dietary Manager confirmed that the kitchen staff were busy during breakfast prep and missed plating sausage on some plates, but would take any sausage to Residents who did not get sausage. Additionally, the Dietary Manager said the facility would order orange juice. Class III	A 093		
A 152 SS=G	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no	A 152		

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A 152	Continued From page 27 less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to provide a safe and decent living environment free from pests (bed bugs) and have not treated the facility for bed bugs, therefore, putting all residents in the facility at risk for potential harm. Furthermore, the facility failed to provide a safe living environment that was free of hazards by ensuring all architectural and structural systems were maintained in good working order resulting in cracks and water damage in the ceiling, non-working lights in the common recreational room, and the flooring peeling off the ground in the dining room for all residents in the facility. Findings included:	A 152		

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BEST CARE SENIOR LIVING AT PORT RICHEY LLC	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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 152	Continued From page 28 During an interview on at 9:30 a.m., Resident #6 stated there were bed bugs in the room and recently moved rooms due to bed bugs. During an interview on at 9:45 a.m., Resident #8 stated, "Yeah, I have bed bugs. Look at my I have bites all over me and they itch." Resident #8 also stated there was water damage in the ceiling of the closet. During an observation of Resident #6 and Resident #8's room at 8:45 a.m., there were live bed bugs, black dirt and grime observed in the baseboards of the room. There was a large crack in the ceiling above Resident #8's bed. There was also water damage observed in the closet of the room. During a tour of the facility conducted on between 8:35 a.m. and 9:35 a.m., there were multiple physical plant issues observed. The flooring in building 3 and building 4 and in the common dining room in building 7 was peeling up from the floor. There was a large white piece of plastic nailed over a large area next to a ceiling sprinkler of the building 4 dining room ceiling with missing stucco and brown stains underneath. There was gray dust on the popcorn ceiling around vents in building 4, . Additionally, three overhead lights in the recreational room were not in working order. During an interview on at 2:00 p.m., the local pest control company representative stated the company had not treated for bed bugs at the facility. During an interview on at 11:17	A 152		

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A 152	Continued From page 29 Resident #15 said the bed bugs were found in rooms at the end of the hall with bugs all over the residents and on the floor. Resident #15 said residents had been told to shower only in the room but ended up sleeping in the room. An observation conducted on at 11:25 a.m. an unknown Resident was asleep on the matress by the door and there was a visible clear plastic mattress cover on the other mattress with another unknown resident asleep on top. During an interview conducted on at 11:25 a.m. an unknown resident said there was bed bugs in the room but refused to be interviewed. During an interview conducted on at 10:08 a.m. Resident #13 said there were bedbugs in and there were two bedbugs in Resident #13's room the night before. Resident #13 had killed the bed bugs and saved the bugs on napkin. Additionally, Resident #13 said that the facility had not done any heat treatments for the bed bugs due to it costing too much money. An observation conducted on at 10:08 a.m. Resident #13 had a white napkin with red, stains and remnants of small black bug pieces on the paper. In a record review conducted on the local health agency report dated revealed notes that stated to repair and maintain all floors, walls, and ceilings as needed. During an interview on from 10:10 a.m. to 12:45 p.m. the Administrator said the sprinkler	A 152		

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A 152	Continued From page 30 company had put the plastic plank on the ceiling in Building 4 dining room because the pipeline to the sprinkler burst, but would put up new drywall. Additionally, the Administrator said there were issues with all the laminate flooring through the buildings due to water damage from mopping, but the flooring would be replaced. During an interview on at 3:15 p.m the Administrator stated the facility had not treated for bed bugs because they were not aware of any bed bug issues. (Photographic evidence obtained) Class II	A 152		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable.	A 162		

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A 162	Continued From page 31 (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 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	A 162		

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A 162	Continued From page 32 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 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	A 162		

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A 162	Continued From page 33 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 a completed copy of the Agency for Healthcare Administration Resident Health Assessment (1823) for six (Resident #15, Resident #4, Resident #9, Resident #11, Resident #17 and Resident #18) of seven sampled residents; and failed to complete an Agency for Healthcare Administration Resident Health Assessment (1823) for a significant change for one (Resident #16) of seven sampled residents. Findings included: During an interview on at 8:39 a.m. Resident #16 said there was on Resident #16's after a hospital stay and needed care. A record review for Resident #15, conducted on	A 162		

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A 162	Continued From page 34 , revealed an 1823 dated that was blank for the telephone number, fax number, and contact person on page one and blank for the telephone number and address of examiner on page three. A record review for Resident #4, conducted on , revealed an 1823 dated that was blank for the facility fax number and contact person on page one. A record review for Resident #9, conducted on , revealed an 1823 dated that was blank for facility fax number and contact person on page one, and blank for examiner telephone number on page three. A record review for Resident #11, conducted on , revealed an 1823 dated that was blank for facility fax number and contact person, and resident ˬ and ˬ on page one. A record review for Resident #17, conducted on , revealed an 1823 that was not dated on page three by examiner, was blank for facility fax number and had no ˬ or ˬ on page one. A record review for Resident #18, conducted on , revealed an 1823 dated that was blank for facility phone number, fax number, street address, city, county, zip and contact person on page one. Additionally, the examiner telephone number and address was blank on page three. A record review for Resident #16, conducted on	A 162		

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A 162	Continued From page 35 , revealed an 1823 dated that listed a regular diet and no , no , no care, and no lower extremity . A provider note dated listed lower extremity . Additionally, there was an order for home health care for , and a registered nurse for lower extremity related to ( ) and with on , and a carb-controlled diet. The hospital records dated revealed diagnoses of Type II , a history of , continuous oral , failure, and exacerbation. During an interview on at 3:11p.m. the Resident Care Coordinator said the 1823's should be completed and that the facility would contact the provider to do a new 1823 for Resident #16 who had a significant change. Class III	A 162		