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
	AL11932659	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT SENIOR LIVING	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

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ZZ000	Initial Comments An unannounced complaint survey for complaints 2024016246, 2025002175, 2025001880 and 2025003180 was conducted at Woodmont Senior Living, an Assisted Living Facility in Tallahassee, FL. At the time of the survey, there were areas of concern identified.	ZZ000		
CZ816	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ␣ , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ␣ , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ␣ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣ , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣ , to the Federal Bureau of Investigation for a national criminal history record check. The ␣ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when	CZ816		

AHCA Form 3020-0001

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

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CZ816	Continued From page 1 the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ⌄ , , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required	CZ816		

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CZ816	Continued From page 2 Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to	CZ816		

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CZ816	Continued From page 3 disqualification in accordance with Section 435.06(3), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 of 10 sampled employee's records had a signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008. (Staff F) The findings include: On , a record review was conducted of Staff F's personnel file. The attestation of compliance with background screening form was blank and had no signature or date. Staff F's hire date was unknown. Staff F reported in an interview on at approximately 1:39 pm that her name had been taken off the schedule to work but she had not received a termination letter from the facility. On at approximately 12:30pm, the Business Office Manager revealed that she searched and could not find that Staff F had completed the attestation of compliance with background screening form. 	CZ816		
A 000	Initial Comments An unannounced complaint survey for complaints 2024016246, 2025002175, 2025001880 and 2025003180 was conducted at Woodmont Senior Living, an Assisted Living Facility in Tallahassee, FL. At the time of the survey, there were areas of	A 000		

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A 000	Continued From page 4 concern identified.	A 000		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises,	A 025		

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A 025	Continued From page 5 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 record review and interviews, the facility failed to provide care and services appropriate to the needs of 3 of 6 residents reviewed. (Residents #1, #3 and #4) The findings include: Resident #3 On at approximately 10:06 am, an interview with Staff D (the Concierge) revealed that one day the facility was so short staffed that she was asked to assist with Resident #3. Staff D reported that, as she entered the memory care area and went to Resident #3's room, she observed Resident #3 lying on the bed. Staff E (a Patient Care Associate/) informed Staff D that Resident #3 was complaining that she could	A 025		

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A 025	Continued From page 6	A 025		

not breathe. Staff D reported that she asked the if Resident #3's ,, saturation had been checked. The said no. When the resident's ,, saturation was checked, it was at 42% (this figure should normally be between 95 and 100%). Staff D reported that she asked the where Resident #3's ,, was. The reported she did not even know that Resident #3 needed ,, . Staff D reported that she informed the that Resident #3 should have ,, in her room. Staff D reported that she learned later that Resident #3's ,, had been put in storage by the Maintenance Director. Staff D reported that there was no nurse on duty at the time and the facility did not have a nurse since the previous director of nursing resigned at the beginning of ,. Staff D reported that Resident #3 ended up going to the hospital and was in the for two weeks before she passed due to the lack of ,, and , .

On at approximately 11:43 am, Employee E ( ) reported that she was familiar with Resident #3 who passed between two to three weeks ago. Resident #3 was transitioned from assisted living to memory care. Employee E reported that Resident #3 had an ,, tank in her room when she lived in assisted living, but after she moved to memory care, the Maintenance Director asked her about the ,, tank and she informed the Maintenance Director that Resident #3 was not using the ,, tank, so the ,, tank was put in storage. Employee E reported that no family mentioned that Resident #3 needed an ,, tank. Employee E reported, as far as she was aware, Resident #3 did not have ,, listed on the care plan or the health assessment. Employee E reported that the facility sent Resident #3 out twice to the hospital, the first time

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A 025	Continued From page 7	A 025		

was due to her ,,, being low. Resident #3's daughter reported that the resident had , . Employee E reported that she was not aware of any change or new orders. Employee E reported that she was not informed that Resident #3 needed ,,, . Employee E reported that the second time that Resident #3 was sent out to the hospital, she passed and did not return to the facility. Employee E reported that Resident #3 was sent out because she looked sick and she was not eating or drinking. Employee E reported that the family never told her that Resident #3 needed ,,, . Employee E reported that she had never been given access to the resident's medical record. Employee E reported that she has access to pull the orders up electronically but never saw any orders for ,,, .

On at 3:25pm, an interview was conducted with the Executive Director (ED), who reported that she did not believe that Resident #3 ever needed ,,, . She acknowledged that the resident had ,,, tanks in her room, but she never used ,,, . The ED was not aware of any orders to start or stop the use of ,,, . The ED reported that the health assessment had ,,, but, since it never indicated "continual" or "as needed", that means nothing to her. The ED reported that the health assessment had ,,, listed so she took that as an order. The ED did not recall any stop orders for the ,,, . The ED reported that the Medication Administration Records (MAR) should have had orders for ,,, . The ED reported again that Resident #3 never needed the ,,, here at the facility.

On at approximately 3:30 pm, an interview was conducted with the Maintenance Director, who reported that he did not know why

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A 025	Continued From page 8 the ,,, tank was still in Resident #3 room in assisted living. The Maintenance Director reported that the family moved Resident #3 to memory care. He then found the tank in the assisted living room. He informed Employee E ( ) about the ,,, tank. She informed him that accommodation was already made in memory care, so he moved the ,,, tank to storage. On at approximately 3:43 pm, Employee P, a Medication Technician, reported that she was familiar with Resident #3. The medication technician reported that she was unaware that Resident #3 needed ,,, because she had not been informed. Employee P reported that the previous director of nursing was supposed to relay this information to her and all medication technicians On at approximately 3:31 pm, an interview was conducted with the ED, the Business Office Manager, and the Regional Vice President of Operations (VP). During this interview, it was revealed that the previous director of nursing and the ED had not reviewed the admission physician's orders for continuous ,,, for 3 months for Resident #3. The ED reported that she was not aware of the order for ,,, for Resident #3. The ED reported that the previous Director of Nursing (DON), who was no longer employed, would have reviewed these orders and the health assessment and followed through with the orders. The initial health assessment indicated 3 Liters of ,,, continuously. The ED was informed that, per interviews with staff, the ,,, tanks were found in Resident #3's room and maintenance put the ,,, tanks in storage instructed by E. The ED was informed that, per hospital records, when	A 025		

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A 025	Continued From page 9 Resident #3 arrived at the emergency room, she was in , distress and her was low. The doctor wrote for her to return to the facility with conitnuous 2 liters of . The ED blamed the previous DON for missing the orders from the last two hospitalizations. The ED stated the nurse would be responsible for reviewing the hospital record. The VP reported that, if the was delivered and taken to Resident #3's room, he did not understand why the staff said they did not know she was on . The ED reported that Resident #3 was non-compliant, but no documentation in nursing notes indicated that Resident #3 was noncompliant with . The ED agreed after reviewing the health assessment and physician's orders for that the staff should have followed up. The ED agreed that, if it was the signed doctor's order on the hea;th assessment, it would be considered an order. The ED reported that the health assessment and medication lists are sent to the pharmacy, and it was the pharmacist's responsibility to enter to ensure two sets of on it. The ED reported that she did not know how was missed by both nursing and pharmacy staff. A record review of Resident #3's health assessment indicated special care needed for . The admission physician's orders dated stated, " : 3 liters/minute canula, continuous. length of need: 3 months. saturation levels on sitting/at rest SAT on room air: 86%. If <88% stop, test complete If > 89% patient must qualify during exertion, continue with testing. Room air walking/during exertion: lowest SAT. On walking/duration exertion: SAT = 93% on VIA (NC) 3LPM "	A 025		

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A 025	Continued From page 10 A record review of charting by the previous DON on stated, "Resident was sent out to TMH [Tallahassee Memorial Hospital] for difficulty breathing. Resident diagnosis at hospital indicated , , failure, she is on at 3L." The hospital record stated, "patient has a history of who presents due to ( ). Patient lives at facility and was noted to have loss of appetite for the last 3 days. The morning of admission, she was noted to have worsening ( ) and , distress. On arrival, patients found to be hypoxic in the 50s. She was placed on rebreather and then weaned to by the time of her arrival to the ED. Admitted for . rule out and acute hypoxic hypercapnic , failure. Hospital course indicated mentation and requirement improved throughout admission. Resident was nonadherence to nightly bipap and home baseline. There were issues with agitation during admission with bipap, and , was restarted. requirement weaned to NC 2L with home ordered". Cleared for discharge to facility. DME Home (DME home) once, 1 each." The facility charting indicated the resident was still at TMH and has increased output (CO) and she is still on at 3L. On , the resident was discharged to the facility via hospital transportation and arrived at 6:55pm. There was no documentation about after this. A record review was conducted of the hospital admission/discharge summary for the period of to . "Patient was recently admitted for to for acute hypoxic hypercapnic , failure secondary to RML PNA (possibly secondary to .). The Patient was treated, discharged while alert and	A 025		

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A 025	Continued From page 11 Ox1 on 2L NC with home , to facility. Patients now present from memory care facility via with initial sats in the 50s and thus NRB followed by BiPAP started in emergency department (ED). The Patient was very drowsy and old responded in one-word answers. This unable conduct through ROS but denies , , , or ( ) at the time of seeing her. Spoke with daughter via phone call who noted that facility only told her that patient was having labored breathing, not feeling well and not eating as much for past few days. Currently unable to get in contact with facility. Reason for admission presented due to , , and ; and was admitted to TMH for further evaluation and treatment. Hospital course indicated presentation of , , with acute hypoxic, hypercapnic , , failure (SpO2 as low as 50s per and PCO2 up to 80s on admission VBG) and . This presentation was most likely due to CO2 trapping from with likely exacerbation. The patient was treated with , BIPAP, supplemental LAMA, LABA, as needed and , . The Patient was treated for exacerbation of ." Resident #1 During review of Resident #1's closed medical record, it was found to be incomplete. No documentation was found of his original admission date to the facility. Resident #1 had a medical history significant for , Hygromas (which is a collection of , that builds up in the space around the caused by , surgery or), , and COVID .	A 025		

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A 025	Continued From page 12 Two health assessments were found in the medical record and were reviewed. The initial was dated and indicated that Resident #1 required staff assistance for some activities of daily living. This assessment documented Resident #1 ( ). The second assessment was dated and indicated that Resident #1 required partial to total care from staff for all activities of daily living. This assessment documented that Resident #1 . This indicates Resident #1 had suffered a decline in his physical and medical status during his time at the facility. Hospital records present in the medical record were reviewed, dated to The hospital History and Physical Note documented Resident #1 presented at the hospital via emergency services because he had not been eating or drinking and had and for several days and was becoming increasingly and not speaking. This note also documented Resident #1 had been seen at the emergency department three days prior and was diagnosed with COVID before being discharged to the facility. This note documented Resident #1 was found to have a of 607 and a temperature of 88.9 upon being assessed in the emergency room. Continued review of Resident #1's medical record revealed the last Nursing Note written was dated , which documented he was sent to the hospital at 12:49 PM for disorientation and fatigue, elevated rate, and was and clammy to the touch. This note indicated he was readmitted to the facility the same day at 5:03 PM. No further notes were found regarding the hospitalization beginning on or the	A 025		

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A 025	Continued From page 13 hospitalization from three days prior. Because of the lack of nursing notes and incomplete medical record, it is not possible to know if the family or physician were notified of these changes in condition. An interview was conducted with the Activities Director on at 9:36 AM. The AD stated she often updates residents' families about changes in condition because there had been complaints that the Executive Director had not been updating families in a timely manner. Regarding Resident #1, the AD recalled speaking to two of his daughters two days after he had gone to the hospital to update them about his hospitalization because they had not been updated by the Executive Director, but this was not documented. Resident #4 Based on an interview with Resident #4's emergency contact, he was admitted to the hospital on . He called the ambulance himself due to having , . She only found out when the hospital called her on . On at approximately 3:25 PM, the Executive Director (ED) was asked if the family or emergency contact for Resident #4 had been contacted. When asked if she could provide documentation, she stated she had none. Class II	A 025		
A 030 SS=F	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932659	A. BUILDING: _____ B. WING _____	C 03/20/2025

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A 030	Continued From page 14 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 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;	A 030		

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A 030	Continued From page 15 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.- (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.	A 030		

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A 030	Continued From page 16 (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. (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	A 030		

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A 030	Continued From page 17 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 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	A 030		

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A 030	Continued From page 18 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 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;	A 030		

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A 030	Continued From page 19 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 record reviews and interviews, the facility failed to have a grievance process. The findings include: On at approximately 1:39 PM, the Executive Director (ED) was asked for the grievances for the last 12 months. The ED stated that she does not do any kind of grievances. When asked to verify, she stated, "We don't do that here." On at 3:31 PM, the Regional Vice President of Operations was asked about the process for grievances. He stated the expectation was that every facility should have a process for grievances. He stated that all residents and staff should be able to file a grievance and have the facility management investigate and address the issues in these grievances.	A 030		

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A 030	Continued From page 20 Class III	A 030		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice	A 081		

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A 081	Continued From page 21 training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of	A 081		

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A 081	Continued From page 22 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty	A 081		

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A 081	Continued From page 23 (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure that 3 of 10 sample employees received training in , neglect, and , ; resident rights; and Emergency Preparedness & Evacuation. (Employees G, H, and J) The findings include: A record review of Employee G's records (Director of Nursing), hire date unknown, revealed missing training for , neglect, and , ; resident rights; and Emergency Preparedness & Evacuation. A record review of Employee H's records (Medication Technician/Patient Care Assistant, hire date of) revealed missing training for , neglect, and , ; resident rights; and Emergency Preparedness & Evacuation. A record review of Employee H's records (Weekend Concierge/Patient Assistant, hire date) revealed missing training for resident rights and Emergency Preparedness &	A 081		

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A 081	Continued From page 24 Evacuation. On at approximately 12:30 pm, an interview with the Business Office Manager revealed that she could not find the listed trainings. Class III	A 081		
A 161 SS=G	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,	A 161		

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A 161	Continued From page 25 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____, to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain personnel records for 10 of 10 sampled staff for record review. (Staff A, B, C, D, E, F, G, H, I, and J) The findings included: On _____, the following employees were requested for record review: Staff A (Executive Director (ED), hired _____), Staff B (Business Office Manager (BOM), hired _____), Staff C (Medication Technician, hired _____), Staff D (Daytime Concierge, hired _____), Staff E	A 161		

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A 161	Continued From page 26 (Patient Care Associate ( ), hire date), Staff F (, hire date unknown), Staff G (Medication Technician, hire date), Staff H (previous Director of Nursing, hire date unknown), Staff I (Weekend Concierge, hire date), and Staff J (Cook, hire date). On at approximately 9:45 am, the Business Office Manager stated she found none of these employees' records. The BOM reported that the Executive Director was supposed to keep the personnel records, but the personnel records were not kept. The BOM reported that she had been trying to come up with a system for completing the employees' personnel records. On at approximately 11:28 am, the ED reported that she had been in this position since . However, she had overlooked maintaining employee files. The ED searched for the employees' record but could only find incomplete personnel records. On at approximately 2:00pm, the BOM stated after thorough searching, the records available were incomplete and she could find no other training. Class II	A 161		
A 162 SS=G	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,	A 162		

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(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 162	Continued From page 27 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 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	A 162		

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	AL11932659	A. BUILDING: _____ B. WING _____	C 03/20/2025

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A 162	Continued From page 28	A 162		

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 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

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A 162	Continued From page 29 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, observation and record review the facility failed to maintain 22 of 30 resident's records, including demographic data, copy of the resident's health assessment form, 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, resident care record, record, and copy of the resident's contract with the facility. (Residents 5, 6, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, and 28)	A 162		

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A 162	Continued From page 30 The findings include: On , during the entrance conference, a census of all residents residing in the facility by name and room number was requested. At approximately 9:45 am, the Business Office Manager (BOM) reported that there were no medical records for any of the residents residing in the facility. She stated that the nursing director's office has papers everywhere, but that position has been vacant since . The BOM reported that she will need to go to the previous director of nursing office to search for any resident's medical files in the office. After searching, the BOM stated there are no complete medical records for any current resident. On at approximately 10:30 am, a wellness check was performed to identify all residents living in the facility. On at approximately 11:28 am, the Executive Director (ED) reported that the previous Director of Nursing (DON) was supposed to keep all of the medical records. However, after the previous director of nursing left in , the ED had been assuming the positions of executive director and director of nursing. The ED reported that she would see what information she could find in the DON's office. A second interview was conducted at 12:19 pm. The ED was asked how new staff members could see the resident's medical orders and medical needs since there were no medical records. The ED reported that all staff could print out a sheet and would give them all the information they would need.	A 162		

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A 162	Continued From page 31 Class II	A 162		
A 182 SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to train 9 of 10 sampled employees within 30 days of employment on fire drills and the emergency management plan. (Employees B, D, E, F, G, J, L, O, and P) The findings include: The following staff were interviewed about being trained about what to do in a fire drill or their role in an emergency management situation: Staff B (Business Office Manager, hire date), Staff D (Daytime Concierge, hire date), Staff E (Patient care associate ( ), hire date), Staff F (, hire date unknown), Staff G (Medication Technician, hire date), Staff J (Cook, hire date), Staff L (Activities Director, hire date), Staff O (Medication Technician, hire date), and Staff P (Medication Technician, hire date). Upon record review and interview, no	A 182		

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A 182	Continued From page 32 indication of this training was found. On at approximately 9:45am, an interview was conducted with the Business Office Manager (BOM), who reported that the fire marshal was at the building about a month ago and, after his inspection, he reported that staff needed to be trained with fire drills and this has not happened. On at approximately 12:20 pm, a second interview was conducted with the BOM, who reported that she was not able to find any employees' training for fire drills or for emergency Management plans due to the personnel records being incomplete. On at approximately 3:00pm, an interview with the maintenance director and executive director revealed that the maintenance director stated that he was not familiar with the emergency management plan. The Executive Director reported that she started in this position in , . She did not send the emergency management plan for an update until . The Executive Director reported that staff had not been trained on the emergency management plan. Neither the executive director nor the maintenance director could not present any training for fire drills. Class III	A 182		