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
	AL11969616	A. BUILDING: _____ B. WING _____	01/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE NAPLES	9015 BELLAIRE BAY DR NAPLES, FL 34120

(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 change of ownership, limited nursing services, emergency power plan monitoring, and health facility reporting system survey was conducted at American House Naples on through Deficiencies were identified at the time of the survey.	A 000		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his	A 052		

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A 052	Continued From page 1 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 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	A 052		

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A 052	Continued From page 2	A 052		

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 , , 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

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A 052	Continued From page 3 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 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 ensure staff who assist with self-administration of medications orally advise residents of the doses of the medication during	A 052		

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A 052	Continued From page 4 medication assistance for 2 (Residents #15, #16) of 4 residents observed. The findings included: On at 12:58 p.m., observed Medication Technician Staff A assist Resident #15 with medications. Resident #15 was sitting at the kitchen table. Staff A stood next to Resident 15 and removed 1 pill from each container, including , , Fish Oil, , /Hydrochlorthiazide combination, , Osteo Bi-Flex, D, and C. Staff placed the medications in a small cup next to Resident #15 and observed Resident #15 take the medication. Staff A did not orally advise Resident #15 of the names and dosages of of the medication given. Staff A did not show the resident the medication label, which contained the medication dose. On at 1:11 p.m., observed Staff A assist with medications Resident #16 with medications. Resident #16 was standing at the kitchen sink. Staff A stood next to Resident #16 and removed 13 medications from their containers and placed them in a small cup. Staff A did not orally advise Resident #16 of the dosages of the medication she was given. On at 1:38 p.m., during an interview Staff A said she was trained to tell the residents the names and doses of their medications whenever she assists them. She said she realized she had not done that. Class III	A 052		

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A 055	Continued From page 5	A 055		
A 055 SS=D	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other	A 055		

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A 055	Continued From page 6 locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued 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	A 055		

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A 055	Continued From page 7 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 medications were kept in a locked cabinet, cart, or other locked storage receptacle at all times. The findings included: On at 1:11 p.m., observed Staff A assist Resident #16 with medications. Staff A was in the hallway in front of the medication cart. Resident #16 was standing at the kitchen sink in her apartment. Staff A unlocked the medication cart and removed several medication containers, including , / , 5 milligrams (mg)/325 mg., which is a controlled substance and must be double locked at all times. Staff A announced to Resident #16 that she would assist with the medication and walked into the apartment. Staff A did not lock the medication cart main lock, left the medication keys dangling from the double locked drawer, and left a drawer of medication partially pulled open exposing the contents inside the drawer. While in the room, Staff A had her to the entry door and stood next to Resident #16 at the kitchen sink for approximately 5 minutes. Staff A removed 13 medications from their containers and placed them in a small cup. Staff A observed	A 055		

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A 055	Continued From page 8 Resident #16 put each medication into her and swallow. The medication cart was left unsecured/unlocked in the hallway for approximately 5 minutes. When Staff A exited the resident's room and saw the unsecured medication cart, she said in a loud voice that she had made an error. On at 1:38 p.m., during an interview Staff A said she was trained to keep the medication cart locked at all times when not in use or within her immediate view. Staff A confirmed she could not see the medication cart when she was in Resident #16's room. Staff A said the medication must be double locked at all times. She said she made the comment about her error when she saw the unlocked cart, open drawer, and dangling keys when she exited Resident #16's room. ***Photographic Evidence Obtained*** Class III	A 055		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.	A 078		

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A 078	Continued From page 9 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing	A 078		

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A 078	Continued From page 10	A 078		

agency or contractor will provide to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility must:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,
2. Maintain time sheets for all staff.
(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure newly hired staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable within 6 months prior to hire, or within 30 days of hire and annual documentation of freedom from thereafter for 2 (Executive Director, Staff C) of 3 records reviewed.

The findings included:

On , record review of employee files revealed Resident Assistant ( ) Staff C had a hire date of . Staff C's employee file contained documentation of freedom of signs/symptoms of communicable dated . The documentation was outside of 6 months prior to the hire date.

On , record review of employee files revealed the Executive Director (ED) had a hire date of . The ED's file contained the written statement form the healthcare provider indicating free of communicable including dated . Further review of the ED's employee file contained no documentation of

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A 078	Continued From page 11 freedom from annually for the year 2025. On at 11:25 a.m., during an interview, the Business Office Manager Staff F said he could not get in touch with the Executive Director and acknowledged the ED did not have annual documentation for 2025 . Staff F acknowledged the communicable statement for Staff C was past 6 months and not valid. Class III	A 078		
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	A 081		

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A 081	Continued From page 12	A 081		

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 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:

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A 081	Continued From page 13 (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 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.	A 081		

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A 081	Continued From page 14 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 (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 interview, the facility failed to ensure all direct care employees completed required training based on facility policies and procedures for 1 hour of Control training based on facility policies and procedures 1 hour of Resident Rights and Recognizing/Reporting and Neglect training for 3 (Staff C, Staff D, Executive Director) of 3 records reviewed. The findings included: On , record review of employee files revealed the Executive Director (ED) had a hire date of . The ED's employee file contained	A 081		

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A 081	Continued From page 15 no documentation of completion of 1 hour Control training based on facility policies and procedures. On , record review of employee files revealed Resident Assistant ( ) Staff C had a hire date of . Further review of Staff C's file revealed documentation of completion of 1 hour of Control training completed on and 1 hour of Resident Rights and Recognizing/Reporting and Neglect training completed on through myalf.com, an online computer-based training system. On , record review of employee files revealed that Resident Assistant (MT) Staff D had a hire date of . Further review of Staff D's file revealed documentation of completion of 1 hour of Control training completed on and 1 hour of Resident Rights and Recognizing/Reporting and Neglect training completed on through myalf.com, an online computer-based training system. On at 11:25 a.m., during an interview, the (Business Office Manager) Staff F said he and his team are working on new documentation that shows facility specific training modules and certifications for all new employees. Staff F acknowledged the issue with the training certificates currently being used. On at 1:30 p.m., during an interview, the Wellness Director acknowledged there were discrepancies in the training and training certificates being used.	A 081		

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A 081	Continued From page 16 Class III	A 081		
A 090 SS=D	59A-36.011(11) FAC Training - (11) . . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure all direct care employees completed 1 hour of ( ) training based on facility policies and procedures for 2 (Staff C, Staff D) of 3 records reviewed. The findings included: On , record review of employee files revealed Resident Assistant ( ) Staff C had a hire date of . Further review revealed documentation of completion of 1 hour of training on through myalf.com, an online computer-based training system.	A 090		

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A 090	Continued From page 17 On , record review of employee files revealed that Medication Technician (MT) Staff D had a hire date of . Further review revealed documentation of completion of 1 hour of training on through myalf.com, an online computer-based training system. On at 11:25 a.m., during an interview, the Business Office Manager Staff F said that he and his team are working on new documentation that shows facility specific training modules and certifications for all new employees. Staff F acknowledged the issue with the training and training certificates that are currently being used . On at 1:30 p.m., during an interview, the Wellness Director said acknowledged that there were discrepancies in the training and training certificates being used and said that the BOM will be working through the concerns. Class III	A 090		
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	A 093		

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A 093	Continued From page 18 review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 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	A 093		

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A 093	Continued From page 19	A 093		

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

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A 093	Continued From page 20 on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to provide a therapeutic diet for 2 (Resident #11, #12) of 2 residents as ordered by a healthcare provider. Failure to provide a proper, therapeutic diet can create a choking hazard for at risk residents. The findings included: Record review on of the Agency for Healthcare Administration (AHCA) Resident Health Assessment Form 1823 for Resident #11 signed and dated by the healthcare provider indicating Resident #11 had special diet instructions of nectar thick liquids and a mechanical soft diet. Record review on of the Agency for Healthcare Administration (AHCA) Resident Health Assessment Form 1823 for Resident #12 signed and dated by the healthcare provider indicating Resident #12 was on a mechanically soft diet. On , at 12:05 p.m., during observation of lunch service, Resident #11 was observed sitting in the dining area. Further observation showed	A 093		

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A 093	Continued From page 21 Resident #11 drinking a cup of regular black coffee. The coffee was observed to be of thin consistency and not nectar thickened. On , at 12:40 p.m., during observation of lunch service, Resident #12 was observed sitting in the dining room having lunch. Resident #12's meal contained a large, unsliced, panini sandwich with sweet potato fries. A whole, toasted sandwich is not consistent with a mechanical soft diet. On at 2:45 p.m., during an interview, Medication Technician (MT) Staff B said it is impossible for them to thicken coffee and it can never be nectar thickened. On , at 9:00 a.m., during observation of breakfast service, Resident #11 was observed sitting in the dining room having breakfast. Resident #11's meal contained scrambled eggs, a full slice of toast with jam, and a full-sized sausage link. The meal was consistent with the mechanical soft diet ordered. On at 10:20 a.m., during an interview, the Executive Chef said it is the responsibility of the culinary staff to modify meals for at risk residents. He said that if the meal served was incorrect, it should be sent by care staff. On at 1:30 p.m., during an interview, the Wellness Director (WD) confirmed Resident #11 and Resident #12 are both on a mechanical soft diet and Resident #11 is on a nectar thick liquid diet. The WD reviewed the photographic evidence and stated, "that was definitely not a mechanical soft diet in both instances." The WD said she was very concerned about the issue,	A 093		

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A 093	Continued From page 22 and she has mentioned to the culinary team about having thickener for coffee as it was obvious the coffee served was not thickened. The WD said not serving the correct meal as ordered was similar to a medication error. ** Photographic Evidence Obtained ** Class III	A 093		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's	AN277		

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AN277	Continued From page 23 personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to ensure employed nursing staff met the needs of residents /charged for limited nursing services without requiring third party sharing of this nursing service (LNS) for 2 residents (#17 and #18) of 3 residents reviewed for LNS. This duplication of services allowed for double billing (facility and insurance) for the same nursing services. The Findings included: Review of policy Limited Nursing Service -Florida, Effective , Revision Date . Policy; It is the American House policy to implement the Limited Nursing Service only as described in Chapter 58A-5.031 of the Florida assisted living facility regulations. Purpose: To ensure compliance and quality of care. Procedure: 1. Only communities holding a current LNS license may implement the skilled nursing tasks permitted under the license. Those tasks include: . . . q. , , , care and maintenance. 1. Review of Resident #17's physician's order dated indicated: LNS services, resident admitted to LNS, diagnosis: . Review of Resident #17's Service Plan dated , page 4 revealed: , care from the Resident Assistant ( ) 8 times per day every	AN277		

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AN277	Continued From page 24	AN277		

day to empty the bag. . . Contact nurse for any concerns. . . .Nursing to monitor every shift and as needed to change the , bag/ . Page 5 of the Service Plan revealed: additional outside nursing services from the Home Heath Agency (HHA) to monitor , and order supplies.

Review of Resident #17's billing statements from the facility revealed charges to Resident #17 for $360.00 per month for nursing services in ; ; , , and .

On at 11:50 a.m., the Business Office Manager (BOM) Staff G said Resident #17's billing statements for , , , and did not itemize the charge for nursing services, but the resident was in fact charged during those months. Staff G said the company took on new ownership and a computer software prevented the itemized charge from showing on the billing statement.

Review of Resident #17's billing statements from the facility contained a -written statement initialed by Staff G indicating Resident #17 was being charged for nursing services although it did not show on the statement.

Review of Resident #17's medical record revealed progress notes from the HHA for , nursing services as follows:
- "Skilled Nursing (SN) assessment complete. , changed..."
- "SN assessment complete. Ostomy care provided..."
- "SN visit assessment completed...ostomy care performed."

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AN277	Continued From page 25 - "SN assessment complete. patent and..." - "SN assessment complete. appliance intact..." - "SN assessment complete. appliance intact..." - "SN assessment complete. intact, peri-skin raw and irritated, skin prep to be used at all changes to avoid to be cut to tight fit around stomas as to not expose any peri- skin. - "SN assessment complete. appliance attached..." - "SN visit assessment performed...ostomy care provided..." - "SN assessment complete. patent..." - "SN assessment performed...assessment ostomy care provided. Ostomy site bright, beefy red..." - "SN visit assessment performed...ostomy pouch changed..." - "SN recertification visit assessment performed...ostomy care performed, bag changed..." - "SN visit assessment performed...ostomy care performed..." - "SN visit assessment performed...ostomy care performed..." - "SN visit assessment performed...ostomy care performed..." - "SN visit assessment performed...ostomy pouch changed..." The Resident #17's billing statements from the HHA revealed charges for nursing services as follows: The Home Health Agency Billing Statements revealed 0.36 nursing hours were charged to	AN277		

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AN277	Continued From page 26 Resident #17 from the RN for nursing services performed on . The Home Health Agency Billing Statements revealed 4.75 nursing hours were charged to Resident #17 for nursing services performed on ; ; ; ; ; ; ; ; ; ; ; ; ; ; . The Home Health Agency Billing Statements revealed 3.95 nursing hours were charged to Resident #17 for nursing services performed on ; ; ; ; ; ; ; ; ; ; ; ; ; ; . The Home Health Agency Billing Statements revealed 3.06 nursing hours were charged to Resident #17 for nursing services performed on ; ; ; ; ; ; ; ; ; ; ; ; ; ; .25. On at 12:03 p.m., during an interview, the Wellness Director (WD) said the Home Health Agency provides nursing services for Resident #17's . The WD said the HHA change the and the bag. She said the facility nurses also change the and the bag. The WD said the facility was charging Resident #17 for nursing services and the HHA was charging Resident #17 for nursing services. 2. Review of Resident #18's Agreement dated page 9 revealed; Limited Nursing Services: In addition to its standard license, the facility has an LNS license which allows the facility to provide directly or in collaboration with an outside provider certain nursing services in addition to the services provided under the	AN277		

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AN277	Continued From page 27 facility's standard license. . . Additional information is found in Exhibit O. Review of Exhibit O revealed: LNS may include the following: Assist Level 1 - The nurse will assist with changing between and night bag and ongoing monitoring. Facility will coordinate with outside provider agency for routine insertion for $350 (per month). Review of Resident #18's physician's order dated revealed: LNS services: 1. discontinue (d/c) ; (2) update LNS due to pubic placement. Further review revealed a second physician order dated indicating: LNS services: resident added to LNS due to , diagnosis retention. Resident 18's Service Plan dated page 5 revealed: the resident utilized a for toileting. Resident required daily nursing services; resident is on hospice or care, requires licensed staff for , or care.... The facility billing statements revealed a $360.00 charge for Licensed nurse on . The billing statements for , , and did not list the itemized nursing charge due to new computer software, but the resident was still charged the fee for LNS as indicated on the billing statement and initialed by Staff G. The facility billing statement for revealed a Nursing charge of $336.00. The facility billing statement for revealed a $360.00 charge for Nursing. The Home Health Agency Episode billing audit report from to revealed $100.00	AN277		

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AN277	Continued From page 28 nursing services charges each time on ; ; and . The Home Health Agency Episode billing audit report from to revealed $100.00 nursing services charges each time on . . . ; ; ; ; ; ; ; . . . . ; . . . . and . . . . . The Home Health Agency Episode billing audit report from to revealed $100.00 nursing charges each time on . . . . ; . . . . ; ; ; ; ; ; ; . The Episode billing audit report for the billing date range to revealed $100.00 nursing charges each time on ; ; ; ; ; ; ; and . . . . . . The HHA Visit Forms revealed nursing services as follows: - "SN(skilled nursing) assessment complete. , , ... patent and draining. prevention reinforced." - "SN assessment complete. , , ... patent and draining. prevention reinforced." - "SN assessment complete. , , . . changed today..." - "SN assessment complete. Oasis recertification complete. SN ordered... , , changed ..." - "SN assessment complete. . . . , , patent and draining..." - "SN assessment complete. . . . , , ... patent and draining..." - "SN assessment complete. . . . , , ... patent and draining..."	AN277		

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- "SN assessment complete. patent and draining..."
- "SN visit assessment... changed..."

There were HHA visits from SN on and where the bag was changed and the tubing was not changed.

On the HHA visit form revealed a change.

- "SN visit assessment... changed..."
- "Resident found in room...drainage bag changed..."

On at 12:03 p.m., during an interview, the Wellness Director (WD) said she has experience changing , and knows how to change wafers and bags. The WD said the facility and the HHA are not performing the same nursing services for Residents #17 and #18. She said the HHA comes out weekly for Resident 18's but may not change the while she is here.

On at 12:17 p.m. during an interview, the Assistant Wellness Director (AWD) said he does not know how to change a He said he would call the HHA to come do that if needed. He said he has changed wafers and bags for Resident #17.

On at 3:47 p.m., during an interview LPN Staff X said she has worked at the facility for 3 years and has been a nurse for 34 years. She said she only changes Resident #17's if she needs it. Staff X said she has changed , but she is not allowed, because the HHA comes to do that.

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AN277	Continued From page 30 Staff X said the [redacted] Change is easier to do than a traditional [redacted], and she is good at changing both. Class III	AN277		
AN278 SS=D	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure a nursing assessment was conducted at least monthly on each resident receiving limited nursing services (LNS) for 2 (Residents #17, #18) of 3 residents reviewed for LNS. The findings included:	AN278		

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AN278	Continued From page 31 Resident #17's order dated revealed admission to LNS for . Resident #17's monthly assessments dated , , , , and revealed completion by a Licensed Practical Nurse (LPN). Resident #18's order dated revealed LNS due to a , , placement. Resident #18's monthly assessments dated , , , and revealed completion by the LPN. On at 10:55 a.m., during an interview the Wellness Director (LPN) said she completed the monthly assessments for the LNS residents after . She said was the last time assessments for Residents #17 and #18 were completed by a Registered Nursing (RN) . On at 1:00 p.m., during an interview, the Wellness Director said when the facility ownership changed, there was no RN to complete the monthly assessments. She said she was aware of the requirement. The WD said herself and Assistant Wellness Director (AWD) completed the monthly assessments not a RN. Class III	AN278		

Agency for Health Care Administration

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ZZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , , are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective , , , or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before , , , initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective , , , initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	ZZ814		

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ZZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic , submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were registered in the Agency for Healthcare Background Screening Clearinghouse and employment status reported within 5 business days for 3 (Executive Director, Staff C, Staff D) of 3 employee records reviewed. The findings included: On , record review of employee files revealed that Resident Assistant ( ) Staff C had a hire date of . Review of the Agency for Health Care Background screening website revealed Staff C was not added to the facility roster on the website as required . On , record review of employee files revealed that the Executive Director (ED) had a hire date of . Review of the Agency for Health Care Background screening website revealed the ED was not added to the facility	ZZ814		

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ZZ814	Continued From page 2 roster on the website as On , record review of employee files revealed that Medication Technician (MT) Staff D had a hire date of . Review of the Agency for Health Care Background screening website revealed Staff D was not added to the facility roster on the website as On at 11:25 a.m., during an interview, the Business Office Manager (BOM) Staff Fconfirmed the employees were not added to the clearinghouse. On at 1:30 p.m., during an interview, the Wellness Director acknowledged none of the staff reviewed had been added to the Clearinghouse website. Unclassified	ZZ814		
ZZ875 SS=D	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training	ZZ875		

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program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion.
2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies.
3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider.
(c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the

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person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with or a related form of . The continuing education must cover at least one of the topics

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ZZ875	Continued From page 5 included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning , chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider. (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , ,	ZZ875		

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ZZ875	Continued From page 6 shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to satisfy 430.5205 F.A.C. " and Related Forms of Education and Training Act" ensuring all staff completed the one hour training video from the Department of Elder Affairs (DOEA) for 2 (Executive Director, Staff C) of 3 records reviewed. The findings included: On , record review revealed the Executive Director (ED) had a hire date of . The ED's employee file contained no documentation of having completed the required 1-hour DOEA training video. On , record review revealed Resident Assistant ( ) Staff C had a hire date of . Staff C's employee file contained no documentation of having completed the required 1-hour DOEA training video. On at 11:25 a.m., during an interview, the Business Office Manager (BOM) Staff F said that he is not too sure about the exact regulations in regard to employee trainings and certifications, and is not familiar with the DOEA training but understands that it is a required regulation.	ZZ875		

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ZZ875	Continued From page 7 Class III	ZZ875		